



Senate Bill No. 494

Public Act No. 10-179

**AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES
FOR THE FISCAL YEAR ENDING JUNE 30, 2011.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 11 of public act 09-3 of the June special session, as amended by sections 3 and 20 of public act 09-7 of the September special session, section 58 of public act 09-6 of the September special session, section 9 of public act 09-1 of the December special session and sections 1 and 2 of public act 10-3, is amended to read as follows (*Effective July 1, 2010*):

The following sums are appropriated for the annual period as indicated for the purposes described.

GENERAL FUND

2010- 2011

\$

LEGISLATIVE

LEGISLATIVE MANAGEMENT

Personal Services	[46,413,050]	<u>46,313,050</u>
Other Expenses	[16,264,317]	<u>15,664,317</u>

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Equipment	983,000	
Flag Restoration	50,000	
Minor Capital Improvements	[825,000]	<u>125,000</u>
Interim Salary/ Caucus Offices	461,000	
Redistricting	400,000	
[Connecticut Academy of Science and Engineering	100,000]	
Old State House	583,400	
OTHER THAN PAYMENTS TO LOCAL GOVERNMENTS		
Interstate Conference Fund	378,235	
<u>New England Board of Higher Education</u>		<u>183,750</u>
AGENCY TOTAL	[66,458,002]	<u>65,141,752</u>

AUDITORS OF PUBLIC ACCOUNTS

Personal Services	12,569,724	
Other Expenses	806,647	
Equipment	50,000	
AGENCY TOTAL	13,426,371	

COMMISSION ON AGING

Personal Services	[216,207]	<u>248,207</u>
Other Expenses	[39,864]	<u>7,864</u>
AGENCY TOTAL	256,071	

PERMANENT COMMISSION ON THE
STATUS OF WOMEN

Personal Services	[389,217]	<u>441,217</u>
Other Expenses	[116,203]	<u>64,203</u>
AGENCY TOTAL	505,420	

COMMISSION ON CHILDREN

Personal Services	457,745	
Other Expenses	72,675	
AGENCY TOTAL	530,420	

LATINO AND PUERTO RICAN AFFAIRS

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COMMISSION

Personal Services	280,797	
Other Expenses	38,994	
AGENCY TOTAL	319,791	

AFRICAN-AMERICAN AFFAIRS

COMMISSION

Personal Services	184,780	
Other Expenses	27,456	
AGENCY TOTAL	212,236	

ASIAN PACIFIC AMERICAN AFFAIRS

COMMISSION

Personal Services	49,810	
Other Expenses	2,500	
AGENCY TOTAL	52,310	

TOTAL	[81,760,621]	<u>80,444,371</u>
LEGISLATIVE		

GENERAL GOVERNMENT

GOVERNOR'S OFFICE

Personal Services	[2,613,859]	<u>2,405,378</u>
Other Expenses	[236,995]	<u>134,660</u>
Equipment	1	

OTHER THAN PAYMENTS TO LOCAL
GOVERNMENTS

New England Governors' Conference	100,692	
National Governors' Association	119,900	
AGENCY TOTAL	[3,071,447]	<u>2,760,631</u>

SECRETARY OF THE STATE

Personal Services	[1,459,000]	<u>1,361,795</u>
Other Expenses	[843,884]	<u>645,041</u>
Equipment	1	
Commercial Recording Division	[7,825,000]	<u>5,993,248</u>

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AGENCY TOTAL	[10,127,885]	<u>8,000,085</u>
LIEUTENANT GOVERNOR'S OFFICE		
Personal Services	[441,000]	<u>431,017</u>
Other Expenses	[87,054]	<u>72,849</u>
Equipment	1	
AGENCY TOTAL	[528,055]	<u>503,867</u>
ELECTIONS ENFORCEMENT COMMISSION		
Personal Services	[1,632,885]	<u>1,490,556</u>
Other Expenses	326,396	
Citizens' Election Fund Admin	3,200,000	
AGENCY TOTAL	[5,159,281]	<u>5,016,952</u>
OFFICE OF STATE ETHICS		
Personal Services	[1,600,359]	<u>1,546,383</u>
Other Expenses	245,796	
Equipment	15,000	
Judge Trial Referee Fees	20,000	
Reserve for Attorney Fees	26,129	
Information Technology Initiatives	50,000	
AGENCY TOTAL	[1,957,284]	<u>1,903,308</u>
FREEDOM OF INFORMATION COMMISSION		
Personal Services	[2,051,870]	<u>2,009,938</u>
Other Expenses	248,445	
Equipment	48,500	
AGENCY TOTAL	[2,348,815]	<u>2,306,883</u>
JUDICIAL SELECTION COMMISSION		
Personal Services	[72,072]	<u>69,676</u>
Other Expenses	[18,375]	<u>17,456</u>
Equipment	[6]	<u>1</u>
AGENCY TOTAL	[90,453]	<u>87,133</u>

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CONTRACTING STANDARDS BOARD

[Personal Services	600,000]	
Other Expenses	[350,000]	<u>10,000</u>
Equipment	[100]	<u>1</u>
AGENCY TOTAL	[950,100]	<u>10,001</u>

STATE TREASURER

Personal Services	[4,160,240]	<u>3,717,414</u>
Other Expenses	[282,836]	<u>273,656</u>
Equipment	[6]	<u>1</u>
AGENCY TOTAL	[4,443,082]	<u>3,991,071</u>

STATE COMPTROLLER

Personal Services	[22,603,086]	<u>21,215,407</u>
Other Expenses	[5,129,692]	<u>4,164,000</u>
Equipment	1	

OTHER THAN PAYMENTS TO LOCAL

GOVERNMENTS

Governmental Accounting Standards Board	[19,570]	<u>18,591</u>
AGENCY TOTAL	[27,752,349]	<u>25,397,999</u>

DEPARTMENT OF REVENUE SERVICES

Personal Services	[64,705,383]	<u>58,073,874</u>
Other Expenses	[9,730,972]	<u>8,577,651</u>
Equipment	1	
Collection and Litigation Contingency Fund	204,479	
AGENCY TOTAL	[74,640,835]	<u>66,856,005</u>

DIVISION OF SPECIAL REVENUE

Personal Services	[5,447,699]	<u>4,136,173</u>
Other Expenses	[1,014,445]	<u>1,091,442</u>
Equipment	1	
Gaming Policy Board	2,758	
AGENCY TOTAL	[6,464,903]	<u>5,230,374</u>

OFFICE OF POLICY AND
MANAGEMENT

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Personal Services	[14,713,974]	<u>12,234,375</u>
Other Expenses	[2,768,297]	<u>2,636,252</u>
Equipment	[100]	<u>1</u>
Automated Budget System and Data Base Link	[59,780]	<u>55,075</u>
Leadership, Education, Athletics in Partnership (LEAP)	850,000	
Cash Management Improvement Act	[100]	<u>95</u>
Justice Assistance Grants	[2,027,750]	<u>1,129,572</u>
Neighborhood Youth Centers	1,487,000	
Water Planning Council	[110,000]	<u>104,500</u>
Connecticut Impaired Driving Records Information System	[950,000]	<u>902,857</u>
OTHER THAN PAYMENTS TO LOCAL GOVERNMENTS		
Tax Relief for Elderly Renters	24,000,000	
Regional Planning Agencies	200,000	
PAYMENTS TO LOCAL GOVERNMENTS		
Reimbursement Property Tax - Disability Exemption	400,000	
Distressed Municipalities	7,800,000	
Property Tax Relief Elderly Circuit Breaker	20,505,899	
Property Tax Relief Elderly Freeze Program	560,000	
Property Tax Relief for Veterans	2,970,099	
P.I.L.O.T. - New Manufacturing Machinery and Equipment	[52,895,199]	<u>47,895,199</u>
Capital City Economic Development	6,050,000	
AGENCY TOTAL	[138,348,198]	<u>129,780,924</u>
DEPARTMENT OF VETERANS' AFFAIRS		
Personal Services	[25,195,059]	<u>23,621,043</u>
Other Expenses	[6,970,217]	<u>6,961,795</u>
Equipment	1	
Support Services for Veterans	190,000	
OTHER THAN PAYMENTS TO LOCAL GOVERNMENTS		
Burial Expenses	7,200	

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Headstones	370,000	
AGENCY TOTAL	[32,732,477]	<u>31,150,039</u>

OFFICE OF WORKFORCE
COMPETITIVENESS

Personal Services	[431,474]	<u>286,190</u>
Other Expenses	[100,000]	<u>78,782</u>
CETC Workforce	1,000,000	
Job Funnels Projects	500,000	
Nanotechnology Study	[150,000]	<u>140,000</u>
Spanish-American Merchants Association	570,000	
SBIR Matching Grants	112,500	
AGENCY TOTAL	[2,863,974]	<u>2,687,472</u>

BOARD OF ACCOUNTANCY

Personal Services	[345,306]	<u>336,533</u>
Other Expenses	[77,863]	<u>47,155</u>
AGENCY TOTAL	[423,169]	<u>383,688</u>

DEPARTMENT OF ADMINISTRATIVE
SERVICES

Personal Services	[23,240,000]	<u>20,629,529</u>
Other Expenses	[14,803,653]	<u>14,601,570</u>
Equipment	1	
Loss Control Risk Management	[179,497]	<u>143,051</u>
Employees' Review Board	25,135	
Surety Bonds for State Officials and Employees	74,400	
Refunds of Collections	28,500	
W. C. Administrator	[5,213,554]	<u>5,250,000</u>
Hospital Billing System	114,950	
Claims Commissioner Operations	326,208	
AGENCY TOTAL	[44,005,898]	<u>41,193,344</u>

DEPARTMENT OF INFORMATION
TECHNOLOGY

Personal Services	[8,270,961]	<u>7,295,800</u>
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Other Expenses	[6,648,090]	<u>6,431,680</u>
Equipment	1	
Connecticut Education Network	4,003,401	
Internet and E-Mail Services	[5,000,000]	<u>4,995,784</u>
Statewide Information Technology Services	[23,200,000]	<u>20,266,483</u>
AGENCY TOTAL	[47,122,453]	<u>42,993,149</u>

DEPARTMENT OF PUBLIC WORKS

Personal Services	[7,590,198]	<u>6,525,879</u>
Other Expenses	[26,911,416]	<u>26,881,370</u>
Equipment	1	
Management Services	[3,836,508]	<u>4,336,508</u>
Rents and Moving	[11,225,596]	<u>11,760,641</u>
Capitol Day Care Center	127,250	
Facilities Design Expenses	[4,744,945]	<u>5,094,945</u>
AGENCY TOTAL	[54,435,914]	<u>54,726,594</u>

ATTORNEY GENERAL

Personal Services	[30,519,013]	<u>28,103,641</u>
Other Expenses	[1,027,637]	<u>1,019,272</u>
Equipment	1	
AGENCY TOTAL	[31,546,651]	<u>29,122,914</u>

DIVISION OF CRIMINAL JUSTICE

Personal Services	[48,564,021]	<u>44,406,213</u>
Other Expenses	[2,243,902]	<u>2,836,301</u>
Equipment	1	
Witness Protection	338,247	
Training and Education	[109,687]	<u>153,941</u>
Expert Witnesses	198,643	
Medicaid Fraud Control	767,282	
Criminal Justice Commission	[650]	<u>617</u>
AGENCY TOTAL	[52,222,433]	<u>48,701,245</u>

TOTAL	[541,235,656]	<u>502,803,678</u>
GENERAL GOVERNMENT		

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REGULATION AND PROTECTION

DEPARTMENT OF PUBLIC SAFETY

Personal Services	[129,818,773]	<u>118,322,792</u>
Other Expenses	[30,368,119]	<u>28,311,853</u>
Equipment	[100]	<u>1</u>
Stress Reduction	23,354	
Fleet Purchase	7,035,596	
Workers' Compensation Claims	[3,438,787]	<u>5,138,787</u>
COLLECT	48,925	

OTHER THAN PAYMENTS TO LOCAL
GOVERNMENTS

[Civil Air Patrol	1,746]	
AGENCY TOTAL	[170,735,400]	<u>158,881,308</u>

POLICE OFFICER STANDARDS AND
TRAINING COUNCIL

Personal Services	[2,101,436]	<u>1,695,455</u>
Other Expenses	[993,398]	<u>992,352</u>
Equipment	1	
AGENCY TOTAL	[3,094,835]	<u>2,687,808</u>

BOARD OF FIREARMS PERMIT
EXAMINERS

Personal Services	73,536	
Other Expenses	8,971	
Equipment	1	
AGENCY TOTAL	82,508	

MILITARY DEPARTMENT

Personal Services	[3,450,246]	<u>3,167,505</u>
Other Expenses	[2,744,995]	<u>2,728,556</u>
Equipment	1	
Firing Squads	319,500	
Veteran's Service Bonuses	306,000	
AGENCY TOTAL	[6,820,742]	<u>6,521,562</u>

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COMMISSION ON FIRE PREVENTION
AND CONTROL

Personal Services	[1,683,823]	<u>1,668,322</u>
Other Expenses	[715,288]	<u>713,102</u>
Equipment	1	
Firefighter Training I	295,250	

OTHER THAN PAYMENTS TO LOCAL
GOVERNMENTS

Fire Training School - Willimantic	161,798	
Fire Training School - Torrington	81,367	
Fire Training School - New Haven	48,364	
Fire Training School - Derby	37,139	
Fire Training School - Wolcott	100,162	
Fire Training School - Fairfield	70,395	
Fire Training School - Hartford	169,336	
Fire Training School - Middletown	59,053	
Payments to Volunteer Fire Companies	105,000	
Fire Training School - Stamford	55,432	
AGENCY TOTAL	[3,582,408]	<u>3,564,721</u>

DEPARTMENT OF CONSUMER
PROTECTION

Personal Services	[10,932,757]	<u>9,843,837</u>
Other Expenses	[1,233,373]	<u>1,154,914</u>
Equipment	1	
AGENCY TOTAL	[12,166,131]	<u>10,998,752</u>

LABOR DEPARTMENT

Personal Services	[8,748,706]	<u>7,774,679</u>
Other Expenses	[750,000]	<u>731,750</u>
Equipment	1	
Workforce Investment Act	[30,454,160]	<u>28,619,579</u>
Connecticut's Youth Employment Program	3,500,000	
Jobs First Employment Services	17,557,963	
Opportunity Industrial Centers	500,000	
Individual Development Accounts	[50,000]	<u>95,000</u>
STRIDE	[270,000]	<u>770,000</u>

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Apprenticeship Program	500,000	
Connecticut Career Resource Network	150,363	
21st Century Jobs	450,000	
Incumbent Worker Training	450,000	
STRIVE	270,000	
AGENCY TOTAL	[63,651,193]	<u>61,369,335</u>

OFFICE OF THE VICTIM ADVOCATE

Personal Services	[265,374]	<u>288,762</u>
Other Expenses	[40,020]	<u>39,752</u>
Equipment	[6]	<u>1</u>
AGENCY TOTAL	[305,400]	<u>328,515</u>

COMMISSION ON HUMAN RIGHTS
AND OPPORTUNITIES

Personal Services	5,789,994	
Other Expenses	[663,076]	<u>582,133</u>
Equipment	1	
Martin Luther King, Jr. Commission	6,650	
AGENCY TOTAL	[6,459,721]	<u>6,378,778</u>

OFFICE OF PROTECTION AND
ADVOCACY FOR PERSONS WITH
DISABILITIES

Personal Services	[2,292,590]	<u>2,258,397</u>
Other Expenses	[369,483]	<u>353,174</u>
Equipment	[100]	<u>1</u>
AGENCY TOTAL	[2,662,173]	<u>2,611,572</u>

OFFICE OF THE CHILD ADVOCATE

Personal Services	[645,160]	<u>628,556</u>
Other Expenses	[162,016]	<u>110,320</u>
Equipment	1	
Child Fatality Review Panel	95,010	
AGENCY TOTAL	[902,187]	<u>833,887</u>

DEPARTMENT OF EMERGENCY

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MANAGEMENT AND HOMELAND
SECURITY

Personal Services	[3,407,563]	<u>3,154,353</u>
Other Expenses	[854,460]	<u>630,168</u>
Equipment	1	
AGENCY TOTAL	[4,262,024]	<u>3,784,522</u>

TOTAL	[274,724,722]	<u>258,043,268</u>
REGULATION AND PROTECTION		

CONSERVATION AND DEVELOPMENT

DEPARTMENT OF AGRICULTURE

Personal Services	[3,930,000]	<u>3,510,657</u>
Other Expenses	400,000	
Equipment	1	
Vibrio Bacterium Program	[100]	<u>1</u>
Senior Food Vouchers	300,000	

OTHER THAN PAYMENTS TO LOCAL
GOVERNMENTS

WIC Program for Fresh Produce for Seniors	104,500	
Collection of Agricultural Statistics	[1,080]	<u>1,026</u>
Tuberculosis and Brucellosis Indemnity	900	
Fair Testing	4,040	
Connecticut Grown Product Promotion	10,000	
WIC Coupon Program for Fresh Produce	184,090	
AGENCY TOTAL	[4,934,711]	<u>4,515,215</u>

DEPARTMENT OF ENVIRONMENTAL
PROTECTION

Personal Services	[34,410,000]	<u>31,902,495</u>
Other Expenses	[3,468,259]	<u>3,466,520</u>
Equipment	[100]	<u>1</u>
Stream Gaging	202,355	
Mosquito Control	[300,000]	<u>285,000</u>
State Superfund Site Maintenance	[371,450]	<u>352,877</u>
Laboratory Fees	[248,289]	<u>235,875</u>

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Dam Maintenance	[128,067]	<u>121,443</u>
Councils, Districts and ERTs Land Use	[550,000]	<u>400,000</u>
Emergency Spill Response Account	10,591,753	
Solid Waste Management Account	[2,832,429]	<u>2,690,808</u>
Underground Storage Tank Account	3,156,104	
Clean Air Account	[4,907,534]	<u>4,662,379</u>
Environmental Conservation Account	[7,969,509]	<u>8,724,509</u>
Environmental Quality Fees Account	9,472,114	
OTHER THAN PAYMENTS TO LOCAL GOVERNMENTS		
[Agreement USGS-Geological Investigation	47,000]	
Agreement USGS - Hydrological Study	157,632	
New England Interstate Water Pollution Commission	8,400	
Northeast Interstate Forest Fire Compact	2,040	
Connecticut River Valley Flood Control Commission	40,200	
Thames River Valley Flood Control Commission	48,281	
Agreement USGS-Water Quality Stream Monitoring	218,428	
PAYMENTS TO LOCAL GOVERNMENTS		
Lobster Restoration	200,000	
AGENCY TOTAL	[79,329,944]	<u>76,939,214</u>
COUNCIL ON ENVIRONMENTAL QUALITY		
Personal Services	[163,355]	<u>160,075</u>
Other Expenses	[5,602]	<u>3,634</u>
Equipment	1	
AGENCY TOTAL	[168,958]	<u>163,710</u>
COMMISSION ON CULTURE AND TOURISM		
Personal Services	2,726,406	
Other Expenses	[857,658]	<u>646,860</u>
Equipment	1	

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State-Wide Marketing	1	
Connecticut Association for the Performing Arts/ Shubert Theater	[406,125]	<u>378,712</u>
Hartford Urban Arts Grant	[406,125]	<u>378,712</u>
New Britain Arts Alliance	[81,225]	<u>75,743</u>
[Film Industry Training Program	250,000]	
Ivoryton Playhouse	[47,500]	<u>44,294</u>
OTHER THAN PAYMENTS TO LOCAL GOVERNMENTS		
Discovery Museum	[406,125]	<u>378,712</u>
National Theatre for the Deaf	[162,450]	<u>151,484</u>
Culture, Tourism, and Arts Grant	[2,000,000]	<u>1,879,708</u>
CT Trust for Historic Preservation	[225,625]	<u>210,396</u>
Connecticut Science Center	[676,250]	<u>630,603</u>
PAYMENTS TO LOCAL GOVERNMENTS		
Greater Hartford Arts Council	[101,531]	<u>94,677</u>
Stamford Center for the Arts	[406,125]	<u>378,712</u>
Stepping Stone Child Museum	[47,500]	<u>44,294</u>
Maritime Center Authority	[570,000]	<u>531,525</u>
Basic Cultural Resources Grant	[1,500,000]	<u>1,398,750</u>
Tourism Districts	[1,800,000]	<u>1,687,500</u>
Connecticut Humanities Council	[2,256,250]	<u>2,103,953</u>
Amistad Committee for the Freedom Trail	[47,500]	<u>44,294</u>
Amistad Vessel	[406,125]	<u>378,712</u>
New Haven Festival of Arts and Ideas	[855,000]	<u>797,287</u>
New Haven Arts Council	[101,531]	<u>94,677</u>
Palace Theater	[406,125]	<u>378,712</u>
Beardsley Zoo	[380,000]	<u>354,350</u>
Mystic Aquarium	[665,000]	<u>620,112</u>
Quinebaug Tourism	[50,000]	<u>46,375</u>
Northwestern Tourism	[50,000]	<u>46,375</u>
Eastern Tourism	[50,000]	<u>46,375</u>
Central Tourism	[50,000]	<u>46,375</u>
Twain/Stowe Homes	[102,600]	<u>95,674</u>
AGENCY TOTAL	[18,090,778]	<u>16,690,361</u>

DEPARTMENT OF ECONOMIC AND

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COMMUNITY DEVELOPMENT		
Personal Services	[7,514,161]	<u>6,030,047</u>
Other Expenses	[1,505,188]	<u>971,939</u>
Equipment	1	
Elderly Rental Registry and Counselors	[598,171]	<u>1,098,171</u>
Small Business Incubator Program	[650,000]	<u>500,000</u>
Fair Housing	[325,000]	<u>308,750</u>
[CCAT - Energy Application Research	5,000]	
Main Street Initiatives	[180,000]	<u>171,000</u>
[Residential Service Coordinators	500,000]	
Office of Military Affairs	[161,587]	<u>153,508</u>
Hydrogen/Fuel Cell Economy	[237,500]	<u>225,625</u>
Southeast CT Incubator	[250,000]	<u>175,000</u>
<u>Film Industry Training Program</u>		<u>237,500</u>
CCAT-CT Manufacturing Supply Chain	[400,000]	<u>300,000</u>
OTHER THAN PAYMENTS TO LOCAL GOVERNMENTS		
[Entrepreneurial Centers	6,769]	
Subsidized Assisted Living Demonstration	2,166,000	
Congregate Facilities Operation Costs	6,884,547	
Housing Assistance and Counseling	438,500	
Program		
Elderly Congregate Rent Subsidy	2,389,796	
CONNSTEP	[800,000]	<u>760,000</u>
Development Research and Economic		
Assistance	178,125	
PAYMENTS TO LOCAL GOVERNMENTS		
Tax Abatement	1,704,890	
Payment in Lieu of Taxes	2,204,000	
AGENCY TOTAL	[29,099,235]	<u>26,897,399</u>
AGRICULTURAL EXPERIMENT STATION		
Personal Services	[6,170,000]	<u>5,622,224</u>
Other Expenses	923,511	
Equipment	1	
Mosquito Control	222,089	
Wildlife Disease Prevention	83,344	

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AGENCY TOTAL	[7,398,945]	<u>6,851,169</u>
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TOTAL	[139,022,571]	<u>132,057,068</u>
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CONSERVATION AND DEVELOPMENT

HEALTH AND HOSPITALS

DEPARTMENT OF PUBLIC HEALTH

Personal Services	[33,709,718]	<u>30,919,398</u>
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Other Expenses	[5,549,136]	<u>7,826,574</u>
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Equipment	1	
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Needle and Syringe Exchange Program	455,072	
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Children's Health Initiatives	1,481,766	
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Childhood Lead Poisoning	1,098,172	
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AIDS Services	4,952,598	
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Breast and Cervical Cancer Detection and Treatment	2,426,775	
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[Services for Children Affected by AIDS	245,029]	
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Children with Special Health Care Needs	1,271,627	
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Medicaid Administration	3,782,177	
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Fetal and Infant Mortality Review	315,000	
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OTHER THAN PAYMENTS TO LOCAL GOVERNMENTS

Community Health Services	6,986,052	
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Rape Crisis	439,684	
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X-Ray Screening and Tuberculosis Care	379,899	
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Genetic Diseases Programs	877,416	
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Immunization Services	9,044,950	
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PAYMENTS TO LOCAL GOVERNMENTS

Local and District Departments of Health	4,264,470	
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Venereal Disease Control	195,210	
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School Based Health Clinics	10,440,646	
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AGENCY TOTAL	[87,915,398]	<u>87,157,487</u>
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OFFICE OF THE CHIEF MEDICAL EXAMINER

Personal Services	[5,247,978]	<u>4,839,356</u>
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Senate Bill No. 494

Other Expenses	[706,703]	<u>706,282</u>
Equipment	4,750	
Medicolegal Investigations	100,039	
AGENCY TOTAL	[6,059,470]	<u>5,650,427</u>

DEPARTMENT OF DEVELOPMENTAL
SERVICES

Personal Services	[297,783,572]	<u>267,718,147</u>
Other Expenses	[27,199,636]	<u>26,416,396</u>
Equipment	[100]	<u>1</u>
Human Resource Development	219,790	
Family Support Grants	3,280,095	
Cooperative Placements Program	21,639,755	
Clinical Services	[4,812,372]	<u>4,642,372</u>
Early Intervention	[28,588,242]	<u>37,888,242</u>
Community Temporary Support Services	67,315	
Community Respite Care Programs	330,345	
Workers' Compensation Claims	[14,246,035]	<u>16,246,035</u>
Pilot Program for Autism Services	1,525,176	
Voluntary Services	30,996,026	

OTHER THAN PAYMENTS TO LOCAL
GOVERNMENTS

Rent Subsidy Program	4,537,554	
Family Reunion Program	[137,900]	<u>134,900</u>
Employment Opportunities and Day Services	[185,041,617]	<u>179,095,617</u>
Community Residential Services	[390,498,055]	<u>406,938,055</u>
AGENCY TOTAL	[1,010,903,585]	<u>1,001,675,821</u>

DEPARTMENT OF MENTAL HEALTH
AND ADDICTION SERVICES

Personal Services	[208,030,535]	<u>185,062,304</u>
Other Expenses	[34,606,253]	<u>36,714,152</u>
Equipment	[100]	<u>1</u>
Housing Supports and Services	[13,224,867]	<u>13,424,867</u>
Managed Service System	[37,083,898]	<u>38,883,898</u>
Legal Services	[550,275]	<u>539,269</u>

Senate Bill No. 494

Connecticut Mental Health Center	[8,638,491]	<u>8,540,721</u>
Professional Services	[9,688,898]	<u>11,788,898</u>
General Assistance Managed Care	[86,346,032]	<u>105,746,032</u>
Workers' Compensation Claims	12,344,566	
Nursing Home Screening	622,784	
Young Adult Services	54,374,159	
TBI Community Services	9,402,612	
Jail Diversion	4,426,568	
Behavioral Health Medications	8,669,095	
Prison Overcrowding	6,231,683	
Medicaid Adult Rehabilitation Option	[4,044,234]	<u>3,963,349</u>
Discharge and Diversion Services	[3,080,116]	<u>8,962,116</u>
Home and Community Based Services	4,625,558	
Persistent Violent Felony Offenders Act	703,333	
<u>Next Steps Supportive Housing</u>		<u>1,000,000</u>
OTHER THAN PAYMENTS TO LOCAL GOVERNMENTS		
Grants for Substance Abuse Services	25,277,766	
Grants for Mental Health Services	76,394,230	
Employment Opportunities	[10,630,353]	<u>10,417,746</u>
AGENCY TOTAL	[618,996,406]	<u>628,115,707</u>
PSYCHIATRIC SECURITY REVIEW BOARD		
Personal Services	[321,454]	<u>316,286</u>
Other Expenses	[39,441]	<u>37,469</u>
Equipment	[100]	<u>1</u>
AGENCY TOTAL	[360,995]	<u>353,756</u>
TOTAL	[1,724,235,854]	<u>1,722,953,198</u>
HEALTH AND HOSPITALS		
HUMAN SERVICES		
DEPARTMENT OF SOCIAL SERVICES		
Personal Services	[121,676,293]	<u>109,804,483</u>
Other Expenses	[88,098,799]	<u>87,252,393</u>

Senate Bill No. 494

Equipment	1	
Children's Trust Fund	[13,673,147]	<u>15,426,372</u>
Children's Health Council	218,317	
HUSKY Outreach	[370,887]	<u>335,564</u>
Genetic Tests in Paternity Actions	[201,202]	<u>191,142</u>
State Food Stamp Supplement	[511,357]	<u>816,357</u>
Day Care Projects	478,820	
HUSKY Program	[35,253,900]	<u>37,912,000</u>
Charter Oak Health Plan	[15,310,000]	<u>17,350,000</u>
OTHER THAN PAYMENTS TO LOCAL GOVERNMENTS		
Vocational Rehabilitation	7,386,668	
Medicaid	[3,665,809,574]	<u>3,843,439,000</u>
Lifestar Helicopter	1,388,190	
Old Age Assistance	[38,110,566]	<u>34,955,566</u>
Aid to the Blind	[753,000]	<u>729,000</u>
Aid to the Disabled	[62,720,424]	<u>61,575,424</u>
Temporary Assistance to Families - TANF	[119,158,385]	<u>130,358,385</u>
Emergency Assistance	[500]	<u>475</u>
Food Stamp Training Expenses	[32,397]	<u>12,000</u>
Connecticut Pharmaceutical Assistance		
Contract to the Elderly	[6,813,755]	<u>9,488,700</u>
Healthy Start	1,490,220	
DMHAS-Disproportionate Share	105,935,000	
Connecticut Home Care Program	[75,724,600]	<u>74,850,000</u>
Human Resource Development-Hispanic Programs		
Services to the Elderly	[4,619,548]	<u>4,692,848</u>
Safety Net Services	2,100,897	
Transportation for Employment		
Independence Program	[3,321,613]	<u>3,155,532</u>
Transitory Rental Assistance	[1,186,680]	<u>572,680</u>
Refunds of Collections	[187,150]	<u>177,792</u>
Services for Persons With Disabilities	[695,309]	<u>660,544</u>
Child Care Services-TANF/CCDBG	[95,915,536]	<u>103,415,536</u>
Nutrition Assistance	447,663	
Housing/Homeless Services	[47,306,657]	<u>50,399,357</u>

Senate Bill No. 494

Employment Opportunities	[1,231,379]	<u>1,169,810</u>
Human Resource Development	38,581	
Child Day Care	10,617,392	
Independent Living Centers	[665,927]	<u>643,927</u>
AIDS Drug Assistance	606,678	
Disproportionate Share-Medical Emergency Assistance	51,725,000	
DSH-Urban Hospitals in Distressed Municipalities	31,550,000	
State Administered General Assistance	[302,439,556]	<u>323,265,000</u>
School Readiness	4,619,697	
Connecticut Children's Medical Center	11,020,000	
Community Services	[3,239,013]	<u>3,039,013</u>
Alzheimer Respite Care	[2,294,388]	<u>2,794,388</u>
Human Service Infrastructure Community Action Program	[3,998,796]	<u>3,798,856</u>
Teen Pregnancy Prevention	1,527,384	
[Medicare Part D Supplemental Needs Fund	4,330,000]	
PAYMENTS TO LOCAL GOVERNMENTS		
Child Day Care	5,263,706	
Human Resource Development	31,034	
Human Resource Development-Hispanic Programs	5,900	
Teen Pregnancy Prevention	870,326	
Services to the Elderly	44,405	
Housing/Homeless Services	686,592	
Community Services	116,358	
AGENCY TOTAL	[4,954,859,532]	<u>5,161,491,338</u>
STATE DEPARTMENT ON AGING		
[Personal Services	334,615]	
[Other Expenses	118,250]	
Equipment	[1]	<u>2</u>
AGENCY TOTAL	[452,866]	<u>2</u>
TOTAL	[4,955,312,398]	<u>5,161,491,340</u>

Senate Bill No. 494

HUMAN SERVICES

EDUCATION, MUSEUMS, LIBRARIES

DEPARTMENT OF EDUCATION

Personal Services	[148,382,064]	<u>143,500,000</u>
Other Expenses	[16,689,076]	<u>17,476,121</u>
Equipment	[6]	<u>1</u>
Basic Skills Exam Teachers in Training	1,239,559	
Teachers' Standards Implementation Program	2,896,508	
Early Childhood Program	5,007,354	
Development of Mastery Exams Grades 4, 6, and 8	18,786,664	
Primary Mental Health	507,294	
Adult Education Action	[253,355]	<u>240,687</u>
Vocational Technical School Textbooks	500,000	
Repair of Instructional Equipment	232,386	
Minor Repairs to Plant	370,702	
Connecticut Pre-Engineering Program	262,500	
Connecticut Writing Project	50,000	
Resource Equity Assessments	283,654	
[Early Childhood Advisory Cabinet	3,750]	
Longitudinal Data Systems	[775,000]	<u>648,502</u>
School Accountability	[1,855,062]	<u>1,803,284</u>
Sheff Settlement	26,662,844	
Community Plans for Early Childhood	[450,000]	<u>427,500</u>
Improving Early Literacy	150,000	

OTHER THAN PAYMENTS TO LOCAL GOVERNMENTS

American School for the Deaf	[9,979,202]	<u>9,480,242</u>
Regional Education Services	[1,474,451]	<u>1,384,613</u>
[Omnibus Education Grants State Supported Schools	6,748,146]	
Head Start Services	2,748,150	
Head Start Enhancement	1,773,000	
Family Resource Centers	6,041,488	

Senate Bill No. 494

Charter Schools	53,047,200	
Youth Service Bureau Enhancement	625,000	
Head Start - Early Childhood Link	[2,200,000]	<u>2,090,000</u>
<u>Institutional Student Aid</u>		<u>882,000</u>
<u>Child Nutrition State Match</u>		<u>2,354,000</u>
<u>Health Foods Initiative</u>		<u>3,512,146</u>

PAYMENTS TO LOCAL GOVERNMENTS

Vocational Agriculture	4,560,565	
Transportation of School Children	[47,964,000]	<u>28,649,720</u>
Adult Education	20,594,371	
Health and Welfare Services Pupils Private Schools	4,297,500	
Education Equalization Grants	1,889,609,057	
Bilingual Education	1,916,130	
Priority School Districts	117,237,188	
Young Parents Program	229,330	
Interdistrict Cooperation	11,127,369	
School Breakfast Program	1,634,103	
Excess Cost - Student Based	[120,491,451]	<u>139,805,731</u>
Non-Public School Transportation	3,995,000	
School to Work Opportunities	213,750	
Youth Service Bureaus	2,947,268	
OPEN Choice Program	14,465,002	
Magnet Schools	[174,631,395]	<u>174,131,395</u>
After School Program	[5,000,000]	<u>4,500,000</u>
AGENCY TOTAL	[2,730,907,894]	<u>2,724,896,878</u>

BOARD OF EDUCATION AND SERVICES

FOR THE BLIND

Personal Services	[4,356,971]	<u>4,114,407</u>
Other Expenses	[816,317]	<u>805,071</u>
Equipment	1	
Educational Aid for Blind and Visually Handicapped Children	[4,641,842]	<u>4,633,943</u>
Enhanced Employment Opportunities	673,000	

**OTHER THAN PAYMENTS TO LOCAL
GOVERNMENTS**

Senate Bill No. 494

Supplementary Relief and Services	103,925	
Vocational Rehabilitation	890,454	
Special Training for the Deaf Blind	298,585	
Connecticut Radio Information Service	87,640	
AGENCY TOTAL	[11,868,735]	<u>11,607,026</u>

COMMISSION ON THE DEAF AND
HEARING IMPAIRED

Personal Services	[617,089]	<u>461,868</u>
Other Expenses	[159,588]	<u>125,199</u>
Equipment	1	
Part-Time Interpreters	316,944	
AGENCY TOTAL	[1,093,622]	<u>904,012</u>

STATE LIBRARY

Personal Services	[6,369,643]	<u>5,153,918</u>
Other Expenses	817,111	
Equipment	1	
State-Wide Digital Library	1,973,516	
Interlibrary Loan Delivery Service	266,434	
Legal/Legislative Library Materials	[1,140,000]	<u>1,083,000</u>
State-Wide Data Base Program	674,696	
Info Anytime	42,500	
Computer Access	190,000	

OTHER THAN PAYMENTS TO LOCAL
GOVERNMENTS

Support Cooperating Library Service Units	350,000	
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PAYMENTS TO LOCAL GOVERNMENTS

Grants to Public Libraries	347,109	
Connecticard Payments	1,226,028	
AGENCY TOTAL	[13,397,038]	<u>12,124,313</u>

DEPARTMENT OF HIGHER EDUCATION

Personal Services	2,384,731	
Other Expenses	[167,022]	<u>166,939</u>
Equipment	1	
Minority Advancement Program	2,405,666	

Senate Bill No. 494

Alternate Route to Certification	100,000	
National Service Act	328,365	
International Initiatives	66,500	
Minority Teacher Incentive Program	471,374	
Education and Health Initiatives	522,500	
CommPACT Schools	712,500	
OTHER THAN PAYMENTS TO LOCAL GOVERNMENTS		
Capitol Scholarship Program	8,902,779	
Awards to Children of Deceased/ Disabled Veterans	4,000	
Connecticut Independent College Student Grant	23,413,860	
Connecticut Aid for Public College Students	30,208,469	
[New England Board of Higher Education	183,750]	
Connecticut Aid to Charter Oak	59,393	
<u>Kirklyn M. Kerr Grant Program</u>		<u>500,000</u>
Washington Center	1,250	
AGENCY TOTAL	[70,432,160]	<u>70,248,327</u>
UNIVERSITY OF CONNECTICUT		
Operating Expenses	[222,447,810]	<u>219,793,819</u>
Tuition Freeze	4,741,885	
Regional Campus Enhancement	8,375,559	
Veterinary Diagnostic Laboratory	100,000	
AGENCY TOTAL	[235,665,254]	<u>233,011,263</u>
UNIVERSITY OF CONNECTICUT HEALTH CENTER		
Operating Expenses	[120,841,356]	<u>118,840,640</u>
AHEC	505,707	
AGENCY TOTAL	[121,347,063]	<u>119,346,347</u>
CHARTER OAK STATE COLLEGE		
Operating Expenses	[2,237,098]	<u>2,156,847</u>
Distance Learning Consortium	690,786	
<u>DOC Distance Learning</u>		<u>50,000</u>

Senate Bill No. 494

AGENCY TOTAL	[2,927,884]	<u>2,897,633</u>
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TEACHERS' RETIREMENT BOARD

Personal Services	[1,968,345]	<u>1,667,745</u>
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Other Expenses	[776,322]	<u>762,674</u>
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Equipment	1	
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OTHER THAN PAYMENTS TO LOCAL
GOVERNMENTS

Retirement Contributions	581,593,215	
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AGENCY TOTAL	[584,337,883]	<u>584,023,635</u>
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REGIONAL COMMUNITY - TECHNICAL
COLLEGES

Operating Expenses	[157,388,071]	<u>155,817,336</u>
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Tuition Freeze	2,160,925	
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Manufacturing Technology Program - Asnuntuck	345,000	
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Expand Manufacturing Technology Program	200,000	
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AGENCY TOTAL	[160,093,996]	<u>158,523,261</u>
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CONNECTICUT STATE UNIVERSITY

Operating Expenses	[155,508,164]	<u>154,875,922</u>
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Tuition Freeze	6,561,971	
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Waterbury-Based Degree Program	1,079,339	
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AGENCY TOTAL	[163,149,474]	<u>162,517,232</u>
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TOTAL	[4,095,221,003]	<u>4,080,099,927</u>
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EDUCATION, MUSEUMS, LIBRARIES

CORRECTIONS

DEPARTMENT OF CORRECTION

Personal Services	[417,157,898]	<u>393,636,757</u>
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Other Expenses	[82,322,977]	<u>80,600,230</u>
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Equipment	[100]	<u>1</u>
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Workers' Compensation Claims	[24,898,513]	<u>29,898,513</u>
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Senate Bill No. 494

Inmate Medical Services	98,624,298	
Parole Staffing and Operations	6,197,800	
Mental Health AIC	[300,000]	<u>60,000</u>
Distance Learning	[250,000]	<u>10,000</u>
Children of Incarcerated Parents	[700,000]	<u>350,000</u>
OTHER THAN PAYMENTS TO LOCAL GOVERNMENTS		
Aid to Paroled and Discharged Inmates	9,500	
Legal Services to Prisoners	870,595	
Volunteer Services	170,758	
Community Support Services	40,370,121	
AGENCY TOTAL	[671,872,560]	<u>650,798,573</u>

DEPARTMENT OF CHILDREN AND FAMILIES

Personal Services	[289,599,056]	<u>274,459,779</u>
Other Expenses	[46,262,706]	<u>40,946,929</u>
Equipment	1	
Short-Term Residential Treatment	713,129	
Substance Abuse Screening	1,823,490	
Workers' Compensation Claims	8,627,393	
Local Systems of Care	[2,297,676]	<u>2,057,676</u>
Family Support Services	11,221,507	
Emergency Needs	[1,800,000]	<u>1,710,000</u>
<u>Homeless Youth Account</u>		<u>1,000,000</u>

OTHER THAN PAYMENTS TO LOCAL GOVERNMENTS

Health Assessment and Consultation	965,667	
Grants for Psychiatric Clinics for Children	[14,202,249]	<u>14,120,807</u>
Day Treatment Centers for Children	5,797,630	
Juvenile Justice Outreach Services	[10,728,838]	<u>13,477,488</u>
Child Abuse and Neglect Intervention	5,379,261	
[Community Emergency Services	84,694]	
Community Based Prevention Programs	4,850,529	
Family Violence Outreach and Counseling	1,873,779	
Support for Recovering Families	[14,026,730]	<u>13,964,107</u>
No Nexus Special Education	8,682,808	

Senate Bill No. 494

Family Preservation Services	5,385,396	
Substance Abuse Treatment	4,479,269	
Child Welfare Support Services	[3,279,484]	<u>3,221,072</u>
Board and Care for Children - Adoption	85,514,152	
Board and Care for Children - Foster	[115,122,667]	<u>117,006,882</u>
Board and Care for Children - Residential	[192,155,287]	<u>180,737,447</u>
Individualized Family Supports	17,536,968	
Community KidCare	[25,946,425]	<u>24,244,167</u>
Covenant to Care	166,516	
Neighborhood Center	261,010	
AGENCY TOTAL	[878,784,317]	<u>850,224,859</u>

TOTAL	[1,550,656,877]	<u>1,501,023,432</u>
CORRECTIONS		

JUDICIAL

JUDICIAL DEPARTMENT

Personal Services	[324,564,876]	<u>307,746,440</u>
Other Expenses	[74,943,156]	<u>74,239,391</u>
Equipment	[44,350]	<u>219,350</u>
Forensic Sex Evidence Exams	1,021,060	
Alternative Incarceration Program	[55,157,826]	<u>55,518,949</u>
Justice Education Center, Inc.	293,111	
Juvenile Alternative Incarceration	30,169,861	
Juvenile Justice Centers	3,104,877	
Probate Court	11,250,000	
Youthful Offender Services	9,512,151	
Victim Security Account	73,000	
<u>Children of Incarcerated Parents</u>		<u>350,000</u>
AGENCY TOTAL	[510,134,268]	<u>493,498,190</u>

PUBLIC DEFENDER SERVICES

COMMISSION

Personal Services	[39,095,094]	<u>36,364,561</u>
Other Expenses	[1,471,223]	<u>1,466,812</u>
Equipment	6	

Senate Bill No. 494

Special Public Defenders - Contractual	[3,144,467]	<u>3,094,467</u>
Special Public Defenders - Non-Contractual	[5,270,289]	<u>5,000,000</u>
Expert Witnesses	1,535,646	
Training and Education	[86,843]	<u>81,000</u>
AGENCY TOTAL	[50,603,568]	<u>47,542,492</u>

CHILD PROTECTION COMMISSION

Personal Services	[656,631]	<u>647,577</u>
Other Expenses	[175,047]	<u>173,325</u>
Equipment	1	
Training for Contracted Attorneys	42,750	
Contracted Attorneys	[10,295,218]	<u>9,709,490</u>
Contracted Attorneys Related Expenses	[108,713]	<u>158,713</u>
Family Contracted Attorneys/ AMC	736,310	
AGENCY TOTAL	[12,014,670]	<u>11,468,166</u>

TOTAL	[572,752,506]	<u>552,508,848</u>
JUDICIAL		

NON-FUNCTIONAL

MISCELLANEOUS APPROPRIATION TO
THE GOVERNOR

Governor's Contingency Account	[100]	<u>1</u>
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DEBT SERVICE - STATE TREASURER

Debt Service	[1,491,545,564]	<u>1,485,726,346</u>
UConn 2000 - Debt Service	116,617,639	
CHEFA Day Care Security	5,000,000	
Pension Obligation Bonds - TRB	65,349,255	
AGENCY TOTAL	[1,678,512,458]	<u>1,672,693,240</u>

STATE COMPTROLLER -

MISCELLANEOUS

OTHER THAN PAYMENTS TO LOCAL
GOVERNMENTS

Maintenance of County Base Fire Radio

Senate Bill No. 494

Network	25,176
Maintenance of State-Wide Fire Radio	
Network	16,756
Equal Grants to Thirty-Four Non-Profit	
General Hospitals	31
Police Association of Connecticut	190,000
Connecticut State Firefighter's Association	194,711
Interstate Environmental Commission	48,783
PAYMENTS TO LOCAL GOVERNMENTS	
Reimbursement to Towns for Loss of Taxes	
on State Property	73,519,215
Reimbursements to Towns for Loss of Taxes	
on Private Tax-Exempt Property	115,431,737
AGENCY TOTAL	189,426,409

STATE COMPTROLLER - FRINGE
BENEFITS

Unemployment Compensation	6,323,979	
State Employees Retirement Contributions	[663,329,057]	<u>563,329,057</u>
Higher Education Alternative Retirement		
System	[29,152,201]	<u>31,152,201</u>
Pensions and Retirements - Other Statutory	1,965,000	
Insurance - Group Life	8,254,668	
Employers Social Security Tax	[249,792,582]	<u>232,281,222</u>
State Employees Health Service Cost	[516,797,061]	<u>490,632,020</u>
Retired State Employees Health Service	[546,985,000]	<u>595,252,100</u>
Cost		
Tuition Reimbursement - Training and	900,000	
Travel		
AGENCY TOTAL	[2,023,499,548]	<u>1,930,090,247</u>

RESERVE FOR SALARY ADJUSTMENTS

Reserve for Salary Adjustments	153,524,525
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WORKERS' COMPENSATION CLAIMS -
DEPARTMENT OF ADMINISTRATIVE
SERVICES

Senate Bill No. 494

Workers' Compensation Claims	[24,706,154]	<u>26,206,154</u>
JUDICIAL REVIEW COUNCIL		
Personal Services	[142,514]	<u>120,981</u>
Other Expenses	27,449	
Equipment	100	
AGENCY TOTAL	[170,063]	<u>148,530</u>
TOTAL	[4,069,839,257]	<u>3,972,089,106</u>
NON-FUNCTIONAL		
TOTAL	[18,004,761,465]	<u>17,963,514,236</u>
GENERAL FUND		
LESS:		
[Reduce Outside Consultant Contracts	-95,000,000]	
<u>Reduce Outside Consultant Contracts -</u>		<u>-492,305</u>
<u>Legislative</u>		
<u>Reduce Outside Consultant Contracts -</u>		<u>-91,874,920</u>
<u>Executive</u>		
<u>Reduce Outside Consultant Contracts -</u>		<u>-2,632,775</u>
<u>Judicial</u>		
Estimated Unallocated Lapses	-87,780,000	
[General Personal Services Reduction	-14,000,000]	
<u>General Personal Services Reduction -</u>		<u>-476,000</u>
<u>Legislative</u>		
<u>General Personal Services Reduction -</u>		<u>-11,538,800</u>
<u>Executive</u>		
<u>General Personal Services Reduction -</u>		<u>-1,985,200</u>
<u>Judicial</u>		
[General Other Expenses Reductions	-11,000,000]	
<u>General Other Expenses Reductions -</u>		<u>-374,000</u>
<u>Legislative</u>		
<u>General Other Expenses Reductions -</u>		<u>-9,066,200</u>
<u>Executive</u>		

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<u>General Other Expenses Reductions -</u>	<u>-1,559,800</u>
<u>Judicial</u>	
[Personal Services Reductions	-193,664,492]
Legislative Unallocated Lapses	-2,700,000
[DoIT Lapse	-31,718,598]
Enhance Agency Outcomes	-50,000,000
[Management Reduction	-12,500,000]
[Reduce Other Expenses to FY 07 Levels	-32,000,000]
<u>Reduce Other Expenses to FY 07 Levels -</u>	<u>-9,639</u>
<u>Legislative</u>	
<u>Reduce Other Expenses to FY 07 Levels -</u>	<u>-31,990,361</u>
<u>Executive</u>	
<u>Personal Svcs Rdctns - Legislative Agencies</u>	<u>-1,205,311</u>
<u>DOIT Lapse - Legislative Agencies</u>	<u>-25,175</u>
<u>Management Reduction - Legislative</u>	<u>-903,521</u>
<u>Agencies</u>	
NET -	[17,474,398,375]
GENERAL FUND	<u>17,668,900,229</u>

Sec. 2. Section 12 of public act 09-3 of the June special session, as amended by section 4 of public act 09-7 of the September special session, is amended to read as follows (*Effective July 1, 2010*):

The following sums are appropriated for the annual period as indicated for the purposes described.

SPECIAL TRANSPORTATION FUND

2010- 2011

\$

GENERAL GOVERNMENT

DEPARTMENT OF ADMINISTRATIVE
SERVICES

Other Expenses 2,717,500

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TOTAL	2,717,500	
GENERAL GOVERNMENT		
REGULATION AND PROTECTION		
DEPARTMENT OF MOTOR VEHICLES		
Personal Services	[45,045,027]	<u>39,006,604</u>
Other Expenses	[14,120,716]	<u>13,115,716</u>
Equipment	[638,869]	<u>609,071</u>
Commercial Vehicle Information Systems and Networks Project	[268,850]	<u>255,407</u>
AGENCY TOTAL	[60,073,462]	<u>52,986,798</u>
TOTAL	[60,073,462]	<u>52,986,798</u>
REGULATION AND PROTECTION		
TRANSPORTATION		
DEPARTMENT OF TRANSPORTATION		
Personal Services	[157,723,930]	<u>148,049,749</u>
Other Expenses	[43,426,685]	<u>46,926,685</u>
Equipment	1,911,500	
Minor Capital Projects	332,500	
Highway and Bridge Renewal-Equipment	6,000,000	
Highway Planning and Research	2,819,969	
Rail Operations	[127,726,327]	<u>137,901,327</u>
Bus Operations	132,955,915	
Highway and Bridge Renewal	12,402,843	
Tweed-New Haven Airport Grant	1,500,000	
ADA Para-transit Program	25,565,960	
Non-ADA Dial-A-Ride Program	576,361	
AGENCY TOTAL	[512,941,990]	<u>516,942,809</u>
TOTAL	[512,941,990]	<u>516,942,809</u>
TRANSPORTATION		

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NON-FUNCTIONAL

DEBT SERVICE - STATE TREASURER

Debt Service	[467,246,486]	<u>458,839,454</u>
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STATE COMPTROLLER - FRINGE

BENEFITS

Unemployment Compensation	[334,000]	<u>345,000</u>
State Employees Retirement Contributions	82,437,000	
Insurance - Group Life	324,000	
Employers Social Security Tax	[20,652,971]	<u>19,611,180</u>
State Employees Health Service Cost	[37,104,290]	<u>34,032,200</u>
AGENCY TOTAL	[140,852,261]	<u>136,749,380</u>

RESERVE FOR SALARY ADJUSTMENTS

Reserve for Salary Adjustments	12,947,130	
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WORKERS' COMPENSATION CLAIMS -

DEPARTMENT OF ADMINISTRATIVE
SERVICES

Workers' Compensation Claims	[5,200,783]	<u>6,700,783</u>
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TOTAL	[1,201,979,612]	<u>1,187,883,854</u>
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SPECIAL TRANSPORTATION FUND

LESS:

Estimated Unallocated Lapses	-11,000,000	
[Personal Services Reductions	-10,413,528]	

NET - SPECIAL TRANSPORTATION FUND	[1,180,566,084]	<u>1,176,883,854</u>
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Sec. 3. Section 14 of public act 09-3 of the June special session is amended to read as follows (*Effective July 1, 2010*):

The following sums are appropriated for the annual period as

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indicated for the purposes described.

SOLDIERS, SAILORS AND MARINES'
FUND

2010- 2011

\$

HUMAN SERVICES

SOLDIERS, SAILORS AND MARINES'
FUND

Personal Services	[565,291]	<u>568,991</u>
Other Expenses	[82,799]	<u>63,960</u>
Award Payments to Veterans	1,979,800	
Fringe Benefits	[369,653]	<u>380,653</u>
AGENCY TOTAL	[2,997,543]	<u>2,993,404</u>

TOTAL	[2,997,543]	<u>2,993,404</u>
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HUMAN SERVICES

TOTAL	[2,997,543]	<u>2,993,404</u>
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SOLDIERS, SAILORS AND MARINES'
FUND

Sec. 4. Section 15 of public act 09-3 of the June special session is amended to read as follows (*Effective July 1, 2010*):

The following sums are appropriated for the annual period as indicated for the purposes described.

REGIONAL MARKET OPERATION
FUND

2010- 2011

\$

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CONSERVATION AND DEVELOPMENT

DEPARTMENT OF AGRICULTURE

Personal Services	370,000	
Other Expenses	271,507	
Equipment	[100]	<u>1</u>
Fringe Benefits	[251,942]	<u>245,942</u>
AGENCY TOTAL	[893,549]	<u>887,450</u>
 TOTAL	 [893,549]	 <u>887,450</u>

CONSERVATION AND DEVELOPMENT

NON-FUNCTIONAL

DEBT SERVICE - STATE TREASURER

Debt Service	63,524
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TOTAL	63,524
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NON-FUNCTIONAL

TOTAL	[957,073]	<u>950,974</u>
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REGIONAL MARKET OPERATION FUND

Sec. 5. Section 16 of public act 09-3 of the June special session is amended to read as follows (*Effective July 1, 2010*):

The following sums are appropriated for the annual period as indicated for the purposes described.

BANKING FUND

2010- 2011

\$

REGULATION AND PROTECTION

DEPARTMENT OF BANKING

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Personal Services	11,072,611	
Other Expenses	1,885,735	
Equipment	21,708	
Fringe Benefits	[6,187,321]	<u>6,137,321</u>
Indirect Overhead	[905,711]	<u>1,052,326</u>
AGENCY TOTAL	[20,073,086]	<u>20,169,701</u>

LABOR DEPARTMENT

Customized Services	500,000	
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TOTAL	[20,573,086]	<u>20,669,701</u>
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REGULATION AND PROTECTION

JUDICIAL

JUDICIAL DEPARTMENT

Foreclosure Mediation Program	3,349,982	
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TOTAL	3,349,982	
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JUDICIAL

TOTAL	[23,923,068]	<u>24,019,683</u>
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BANKING FUND

Sec. 6. Section 17 of public act 09-3 of the June special session is amended to read as follows (*Effective July 1, 2010*):

The following sums are appropriated for the annual period as indicated for the purposes described.

INSURANCE FUND

2010- 2011

\$

GENERAL GOVERNMENT

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OFFICE OF POLICY AND MANAGEMENT

<u>Personal Services</u>		<u>248,140</u>
<u>Other Expenses</u>		<u>6,900</u>
<u>Fringe Benefits</u>		<u>125,725</u>
<u>AGENCY TOTAL</u>		<u>380,765</u>

<u>TOTAL</u>		<u>380,765</u>
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GENERAL GOVERNMENT

REGULATION AND PROTECTION

INSURANCE DEPARTMENT

Personal Services	[13,685,483]	<u>13,460,483</u>
Other Expenses	[2,397,280]	<u>1,920,280</u>
Equipment	[101,375]	<u>51,256</u>
Fringe Benefits	[8,169,016]	<u>8,029,516</u>
Indirect Overhead	[395,204]	<u>701,396</u>
AGENCY TOTAL	[24,748,358]	<u>24,162,931</u>

OFFICE OF THE HEALTHCARE

ADVOCATE

Personal Services	757,235	
Other Expenses	[204,838]	<u>136,373</u>
Equipment	[2,400]	<u>2,280</u>
Fringe Benefits	380,821	
Indirect Overhead	[24,000]	<u>1</u>
AGENCY TOTAL	[1,369,294]	<u>1,276,710</u>

TOTAL	[26,117,652]	<u>25,439,641</u>
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REGULATION AND PROTECTION

HUMAN SERVICES

DEPARTMENT OF SOCIAL SERVICES

Other Expenses	[500,000]	<u>475,000</u>
TOTAL	[500,000]	<u>475,000</u>

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HUMAN SERVICES

TOTAL	[26,617,652]	<u>26,295,406</u>
INSURANCE FUND		

Sec. 7. Section 18 of public act 09-3 of the June special session is amended to read as follows (*Effective July 1, 2010*):

The following sums are appropriated for the annual period as indicated for the purposes described.

CONSUMER COUNSEL AND PUBLIC
UTILITY CONTROL FUND

2010- 2011

\$

GENERAL GOVERNMENT

OFFICE OF POLICY AND MANAGEMENT

<u>Personal Services</u>		<u>746,000</u>
<u>Other Expenses</u>		<u>27,443</u>
<u>Fringe Benefits</u>		<u>432,680</u>
<u>AGENCY TOTAL</u>		<u>1,206,123</u>

<u>TOTAL</u>		<u>1,206,123</u>
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GENERAL GOVERNMENT

REGULATION AND PROTECTION

OFFICE OF CONSUMER COUNSEL

Personal Services	[1,523,895]	<u>1,415,588</u>
Other Expenses	[556,971]	<u>529,482</u>
Equipment	[9,500]	<u>9,000</u>
Fringe Benefits	[918,729]	<u>859,161</u>
Indirect Overhead	[215,039]	<u>423,906</u>
AGENCY TOTAL	[3,224,134]	<u>3,237,137</u>

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DEPARTMENT OF PUBLIC UTILITY

CONTROL

Personal Services	[11,796,389]	<u>11,594,389</u>
Other Expenses	[1,594,642]	<u>1,584,642</u>
Equipment	[80,500]	<u>57,475</u>
Fringe Benefits	[6,850,941]	<u>6,733,781</u>
Indirect Overhead	[410,780]	<u>85,872</u>
AGENCY TOTAL	[20,733,252]	<u>20,056,159</u>

TOTAL	[23,957,386]	<u>23,293,296</u>
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REGULATION AND PROTECTION

TOTAL	[23,957,386]	<u>24,499,419</u>
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CONSUMER COUNSEL AND PUBLIC
UTILITY CONTROL FUND

Sec. 8. Section 19 of public act 09-3 of the June special session is amended to read as follows (*Effective July 1, 2010*):

The following sums are appropriated for the annual period as indicated for the purposes described.

WORKERS' COMPENSATION FUND

2010- 2011

\$

GENERAL GOVERNMENT

DIVISION OF CRIMINAL JUSTICE

Personal Services	[590,714]	<u>349,182</u>
Other Expenses	[22,776]	<u>21,653</u>
Equipment	[600]	<u>1</u>
<u>Fringe Benefits</u>		<u>212,051</u>
AGENCY TOTAL	[614,090]	<u>582,887</u>

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TOTAL	[614,090]	<u>582,887</u>
GENERAL GOVERNMENT		
REGULATION AND PROTECTION		
LABOR DEPARTMENT		
Occupational Health Clinics	674,587	
WORKERS' COMPENSATION		
COMMISSION		
Personal Services	10,040,000	
Other Expenses	2,558,530	
Equipment	[137,000]	<u>87,150</u>
Rehabilitative Services	[2,320,098]	<u>1,275,913</u>
Fringe Benefits	5,805,640	
Indirect Overhead	[922,446]	<u>1,202,971</u>
AGENCY TOTAL	[21,783,714]	<u>20,970,204</u>
TOTAL	[22,458,301]	<u>21,644,791</u>
REGULATION AND PROTECTION		
TOTAL	[23,072,391]	<u>22,227,678</u>
WORKERS' COMPENSATION FUND		

Sec. 9. (*Effective from passage*) The amounts appropriated to the following agencies in section 1 of public act 09-3 of the June special session, as amended by section 1 of public act 09-7 of the September special session, section 58 of public act 09-6 of the September special session, sections 1, 9 and 13 of public act 09-1 of the December special session and section 1 of public act 10-3, are reduced by the following amounts for the fiscal year ending June 30, 2010:

GENERAL FUND

\$

DEBT SERVICE-STATE TREASURER

Debt Service

26,000,000

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UConn 2000-Debt Service	2,500,000
CHEFA Day Care Security	2,500,000
STATE COMPTROLLER - FRINGE BENEFITS	
State Employees Retirement Contributions	33,330,000
Employers Social Security Tax	10,854,730
TOTAL - GENERAL FUND	75,184,730

Sec. 10. (*Effective from passage*) The amounts appropriated to the following agencies in section 2 of public act 09-3 of the June special session, as amended by section 4 of public act 09-7 of the September special session, are reduced by the following amounts for the fiscal year ending June 30, 2010:

SPECIAL TRANSPORTATION FUND	
	\$
DEBT SERVICE - STATE TREASURER	
Debt Service	2,000,000
TOTAL - SPECIAL TRANSPORTATION FUND	2,000,000

Sec. 11. (*Effective from passage*) The following sums are appropriated for the purposes herein specified for the fiscal year ending June 30, 2010:

GENERAL FUND	
	\$
OFFICE OF THE VICTIM ADVOCATE	
Personal Services	34,000
DEPARTMENT OF SOCIAL SERVICES	
Medicaid	71,550,730
DEPARTMENT OF EDUCATION	
Magnet Schools	1,100,000

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WORKERS' COMPENSATION CLAIMS - DEPARTMENT OF ADMINISTRATIVE SERVICES Workers' Compensation Claims	2,500,000
TOTAL - GENERAL FUND	75,184,730

Sec. 12. (*Effective from passage*) The following sums are appropriated for the purposes herein specified for the fiscal year ending June 30, 2010:

SPECIAL TRANSPORTATION FUND	\$
WORKERS' COMPENSATION CLAIMS - DEPARTMENT OF ADMINISTRATIVE SERVICES Workers' Compensation Claims	2,000,000
TOTAL - SPECIAL TRANSPORTATION FUND	2,000,000

Sec. 13. (*Effective July 1, 2010*) (a) Notwithstanding the provisions of section 9-701 of the general statutes, on or after January 1, 2011, the sum of \$5,000,000 shall be transferred from the Citizens' Election Fund and credited to the resources of the General Fund for the fiscal year ending June 30, 2011.

(b) The sum of \$4,000,000 shall be transferred from the Workers' Compensation Fund and credited to the resources of the General Fund for the fiscal year ending June 30, 2011.

(c) The sum of \$9,000,000 shall be transferred from the Banking Fund, established under section 36a-65 of the general statutes, and credited to the resources of the General Fund for the fiscal year ending June 30, 2011.

(d) Notwithstanding the provisions of section 4-66aa of the general statutes, the sum of \$5,000,000 shall be transferred from the community investment account and credited to the resources of the

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General Fund for the fiscal year ending June 30, 2011.

Sec. 14. (*Effective July 1, 2010*) The unexpended balance of funds appropriated in section 21 of public act 07-1 of the June special session, and carried forward in section 506 of public act 09-3 of the June special session, to the Department of Economic and Community Development, Home CT, shall not lapse on June 30, 2010, and shall be available for expenditure in accordance with sections 38 to 50, inclusive, of public act 07-4 of the June special session during the fiscal year ending June 30, 2011.

Sec. 15. Section 107 of public act 09-7 of the September special session, as amended by section 27 of public act 10-3, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There is established a Medical Inefficiency Committee to advise the Department of Social Services on the amended definition of "medically necessary" and "medical necessity", pursuant to section 22 of this act, for purposes of the administration of the medical assistance programs by the Department of Social Services and the implementation of such definition and to provide feedback to the department and the General Assembly on the impact of the amended definition.

(b) The committee shall consist of the following members: Four appointed by the Governor, two appointed by the speaker of the House of Representatives, two appointed by the president pro tempore of the Senate and one each appointed by the majority leaders of the House of Representatives and the Senate and the minority leaders of the House of Representatives and the Senate.

(c) All appointments to the committee shall be made no later than thirty days after the effective date of this section. Any vacancy shall be filled by the appointing authority, except that vacancies left unfilled

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for more than sixty days may be filled by joint appointment of the speaker of the House of Representatives and the president pro tempore of the Senate.

(d) The speaker of the House of Representatives and the president pro tempore of the Senate shall jointly select the chairpersons of the committee from among the members of the committee. The Governor shall appoint a third chairperson. Such chairpersons shall schedule the first meeting of the committee, which shall be held no later than sixty days after October 5, 2009.

(e) The administrative staff of the joint standing committee of the General Assembly having cognizance of matters relating to human services shall serve as administrative staff of the committee.

(f) Not later than January 1, 2010, January 1, 2011, and January 1, 2012, the committee shall submit a report on its findings and recommendations to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services and appropriations and the budgets of state agencies, in accordance with the provisions of section 11-4a of the general statutes. The committee shall terminate on the date that it submits the third such report or January 1, 2012, whichever is later.

Sec. 16. Section 33 of public act 10-3 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Commissioner of Higher Education shall establish and administer the Kirklyn M. Kerr program to [provide grants to] support the veterinary medicine education of not more than five veterinary students per cohort. Each cohort may be funded for a four-year period. [Grant recipients] In order to participate in the Kirklyn M. Kerr program, a student shall commit, in writing, to work as a veterinarian in this state for five years following graduation from an accredited

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veterinary medicine program or agree to repay the cost to the state of such student's veterinary medicine education. Students who do not practice veterinary medicine in [Connecticut] this state for at least five years shall repay the [grant pursuant to subsection (c) of this section] amount of state support. For the purposes of this section, "veterinary student" means an in-state resident enrolled in an accredited veterinary graduate school who plans to practice veterinary medicine in Connecticut.

(b) No [grant] support awarded pursuant to this section shall exceed twenty thousand dollars annually or eighty thousand dollars for the four years of the veterinary graduate school program.

(c) The Commissioner of Higher Education shall treat [grants] support awarded pursuant to this section as loans for any [grant recipient] student who does not practice veterinary medicine in [Connecticut] this state for at least five years beginning not later than six months following the recipient's date of graduation from veterinary school. [, except that, if the recipient intends to pursue additional veterinary training or education outside of Connecticut, the commissioner may permit the recipient to begin practicing veterinary medicine in Connecticut at a later date designated by the commissioner. The commissioner shall determine the amount of the grant, including interest, to be repaid by grant recipients who practice veterinary medicine for the following periods as follows: (1) For less than one year, one hundred per cent, (2) for at least one year, but less than two years, ninety per cent, (3) for at least two years, but less than three years, seventy-five per cent, (4) for at least three years, but less than four years, fifty-five per cent, and (5) for at least four years, but less than five years, thirty per cent.] The commissioner shall determine the manner of the repayment of the state support by students who do not practice in this state for five years provided, for each year of such five year period that the student does not practice in this state, the

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student shall owe to the state not less than twenty per cent of the amount of the state support.

[(d) Grant recipients required to pay back grants pursuant to subsection (c) of this section shall (1) make a minimum monthly payment of fifty dollars, unless the commissioner grants an exception, and (2) have a repayment period not to exceed five years, except that, if the commissioner determines that repayment would present an unjust hardship, such repayment period may be extended not to exceed seven years. The commissioner may grant repayment deferments if said commissioner determines that repayment would present an unjust hardship to the recipient. Deferment periods shall not be included in the repayment period and interest shall not accrue during such deferment periods. The commissioner may forgive grant repayment if the commissioner determines that such action is required due to the death or disability of the recipient or the repayment being deemed uncollectible in accordance with generally accepted accounting principles.]

Sec. 17. Section 24 of public act 10-3 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

A pharmacy provider enrolled in any medical assistance program administered by the Department of Social Services, when billing the department for a good or service, shall bill the department the lowest amount [routinely] accepted from any [individual, class, group or other entity for a similar good or service] member of the general public who participates in the pharmacy provider's savings or discount program. For purposes of this section, "savings or discount program" means any program, club or buying group offered by a pharmacy provider to any member of the general public for the purpose of obtaining a lower charge for any good or service than the charge made to any member of the general public who does not participate in such program.

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Sec. 18. Subdivision (3) of subsection (c) of section 10-264~~l~~ of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(3) (A) Except as otherwise provided in subparagraphs (C) to (F), inclusive, of this subdivision, each interdistrict magnet school operated by a regional educational service center that enrolls less than fifty-five per cent of the school's students from a single town shall receive a per pupil grant in the amount of (i) six thousand two hundred fifty dollars for the fiscal year ending June 30, 2006, (ii) six thousand five hundred dollars for the fiscal year ending June 30, 2007, (iii) seven thousand sixty dollars for the fiscal year ending June 30, 2008, and (iv) seven thousand six hundred twenty dollars for the fiscal year ending June 30, 2009, and each fiscal year thereafter.

(B) Except as otherwise provided in subparagraphs (C) to (F), inclusive, of this subdivision, each interdistrict magnet school operated by a regional educational service center that enrolls at least fifty-five per cent of the school's students from a single town shall receive a per pupil grant for each enrolled student who is not a resident of the district that enrolls at least fifty-five per cent of the school's students in the amount of (i) six thousand sixteen dollars for the fiscal year ending June 30, 2008, and (ii) six thousand seven hundred thirty dollars for the fiscal year ending June 30, 2009, and each fiscal year thereafter. The per pupil grant for each enrolled student who is a resident of the district that enrolls at least fifty-five per cent of the school's students shall be three thousand dollars.

(C) Each interdistrict magnet school operated by a regional educational service center that began operations for the school year commencing July 1, 1998, and that for the school year commencing July 1, 2008, enrolled at least fifty-five per cent, but no more than seventy per cent of the school's students from a single town shall receive a per pupil grant for each enrolled student who is a resident of

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the district that enrolls at least fifty-five per cent, but no more than seventy per cent of the school's students in the amount of four thousand eight hundred ninety-four dollars for the fiscal year ending June 30, 2010, and four thousand two hundred sixty-three dollars for the fiscal year ending June 30, 2011, and a per pupil grant for each enrolled student who is not a resident of the district that enrolls at least fifty-five per cent, but no more than seventy per cent of the school's students in the amount of six thousand seven hundred thirty dollars for the fiscal [year] years ending June 30, 2010, and [each fiscal year thereafter] June 30, 2011.

(D) Each interdistrict magnet school operated by a regional educational service center that began operations for the school year commencing July 1, 2001, and that for the school year commencing July 1, 2008, enrolled at least fifty-five per cent, but no more than eighty per cent of the school's students from a single town shall receive a per pupil grant for each enrolled student who is a resident of the district that enrolls at least fifty-five per cent, but no more than eighty per cent of the school's students in the amount of four thousand two hundred fifty dollars for the fiscal year ending June 30, 2010, and three thousand eight hundred thirty-three dollars for the fiscal year ending June 30, 2011, and a per pupil grant for each enrolled student who is not a resident of the district that enrolls at least fifty-five per cent, but no more than eighty per cent of the school's students in the amount of six thousand seven hundred thirty dollars for the fiscal [year] years ending June 30, 2010, and [each fiscal year thereafter] June 30, 2011.

(E) Each interdistrict magnet school operated by (i) a regional educational service center, (ii) the Board of Trustees of the Community-Technical Colleges on behalf of a regional community-technical college, (iii) the Board of Trustees of the Connecticut State University System on behalf of a state university, (iv) the Board of Trustees for The University of Connecticut on behalf of the university,

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(v) the board of governors for an independent college or university, as defined in section 10a-37, or the equivalent of such a board, on behalf of the independent college or university, (vi) cooperative arrangements pursuant to section 10-158a, and (vii) any other third-party not-for-profit corporation approved by the commissioner that enrolls less than sixty per cent of its students from Hartford pursuant to the 2008 stipulation and order for Milo Sheff, et al. v. William A. O'Neill, et al., shall receive a per pupil grant in the amount of (I) nine thousand six hundred ninety-five dollars for the fiscal year ending June 30, 2010, and (II) ten thousand four hundred forty-three dollars for the fiscal year ending June 30, 2011.

(F) Each interdistrict magnet school operated by the Hartford school district, pursuant to the 2008 stipulation and order for Milo Sheff, et al. v. William A. O'Neill, et al., shall receive a per pupil grant for each enrolled student who is not a resident of the district in the amount of (i) twelve thousand dollars for the fiscal year ending June 30, 2010, and (ii) thirteen thousand fifty-four dollars for the fiscal year ending June 30, 2011.

(G) In addition to the grants described in subparagraph (F) of this subdivision, for the fiscal year ending June 30, 2010, the commissioner may, subject to the approval of the Secretary of the Office of Policy and Management and the Finance Advisory Committee, established pursuant to section 4-93, provide supplemental grants to the Hartford school district of up to one thousand fifty-four dollars for each student enrolled at an interdistrict magnet school operated by the Hartford school district who is not a resident of such district.

Sec. 19. (*Effective July 1, 2010*) The unexpended balance of funds appropriated in public act 09-3 of the June special session, as amended by section 1 of public act 09-7 of the September special session, section 58 of public act 09-6 of the September special session, sections 1, 9 and 13 of public act 09-1 of the December special session and section 1 of

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public act 10-3, to Legislative Management, for Redistricting, shall not lapse and shall continue to be available for expenditure for such purpose during the fiscal year ending June 30, 2011.

Sec. 20. (NEW) (*Effective July 1, 2010*) The Commissioner of Social Services may contract with one or more administrative services organizations to provide care coordination, utilization management, disease management, customer service and review of grievances for recipients of assistance under Medicaid, HUSKY Plan, Parts A and B, and the Charter Oak Health Plan. Such organization may also provide network management, credentialing of providers, monitoring of copayments and premiums and other services as required by the commissioner. Subject to approval by applicable federal authority, the Department of Social Services shall utilize the contracted organization's provider network and billing systems in the administration of the program.

Sec. 21. Subdivision (2) of subsection (i) of section 17b-342 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(2) Except for persons residing in affordable housing under the assisted living demonstration project established pursuant to section 17b-347e, as provided in subdivision (3) of this subsection, any person whose income is at or below two hundred per cent of the federal poverty level and who is ineligible for Medicaid shall contribute [fifteen] six per cent of the cost of his or her care. Any person whose income exceeds two hundred per cent of the federal poverty level shall contribute [fifteen] six per cent of the cost of his or her care in addition to the amount of applied income determined in accordance with the methodology established by the Department of Social Services for recipients of medical assistance. Any person who does not contribute to the cost of care in accordance with this subdivision, shall be ineligible to receive services under this subsection. Notwithstanding

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any provision of the general statutes, the department shall not be required to provide an administrative hearing to a person found ineligible for services under this subsection because of a failure to contribute to the cost of care.

Sec. 22. Subsection (a) of section 17b-295 of the general statutes, as amended by section 8 of public act 10-3, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(a) The commissioner shall impose cost-sharing requirements, including the payment of a premium or copayment, in connection with services provided under the HUSKY Plan, Part B, to the extent permitted by federal law. Copayments under the HUSKY Plan, Part B, shall be the same as those in effect for active state employees enrolled in a point-of-enrollment health care plan, provided the family's annual combined premiums and copayments do not exceed the maximum annual aggregate cost-sharing requirement. The cost-sharing requirements imposed by the commissioner shall be in accordance with the following limitations:

(1) The commissioner may increase the maximum annual aggregate cost-sharing requirements, provided such cost-sharing requirements shall not exceed five per cent of the family's gross annual income.

(2) The commissioner may impose a premium requirement on families whose income exceeds two hundred thirty-five per cent of the federal poverty level as a component of the family's cost-sharing responsibility, provided: (A) The family's annual combined premiums and copayments do not exceed the maximum annual aggregate cost-sharing requirement, and (B) premium requirements shall not exceed the sum of [thirty] thirty-eight dollars per month [per] for families with one child, with a maximum premium of [fifty] sixty dollars per month per family. The commissioner shall not impose a premium requirement on families whose income exceeds one hundred eighty-

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five per cent of the federal poverty level but does not exceed two hundred thirty-five per cent of the federal poverty level; and

[(2)] (3) The commissioner shall [require each managed care plan to] monitor copayments and premiums under the provisions of subdivision (1) of this subsection.

Sec. 23. Subsection (a) of section 17b-280 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The state shall reimburse for all legend drugs provided under the Medicaid, state-administered general assistance, ConnPACE and Connecticut AIDS drug assistance programs at the lower of (1) the rate established by the Centers for Medicare and Medicaid Services as the federal acquisition cost, (2) the average wholesale price minus fourteen per cent, or (3) an equivalent percentage as established under the Medicaid state plan. The commissioner shall also establish a professional fee of two dollars and [sixty-five] ninety cents for each prescription to be paid to licensed pharmacies for dispensing drugs to Medicaid, state-administered general assistance, ConnPACE and Connecticut AIDS drug assistance recipients in accordance with federal regulations; and on and after September 4, 1991, payment for legend and nonlegend drugs provided to Medicaid recipients shall be based upon the actual package size dispensed. Effective October 1, 1991, reimbursement for over-the-counter drugs for such recipients shall be limited to those over-the-counter drugs and products published in the Connecticut Formulary, or the cross reference list, issued by the commissioner. The cost of all over-the-counter drugs and products provided to residents of nursing facilities, chronic disease hospitals, and intermediate care facilities for the mentally retarded shall be included in the facilities' per diem rate. Notwithstanding the provisions of this subsection, no dispensing fee shall be issued for a prescription drug dispensed to a ConnPACE or Medicaid recipient

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who is a Medicare Part D beneficiary when the prescription drug is a Medicare Part D drug, as defined in Public Law 108-173, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

Sec. 24. Section 17a-317 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(a) Effective July 1, [2010] 2011, there shall be established a Department on Aging which shall be under the direction and supervision of the Commissioner on Aging who shall be appointed by the Governor in accordance with the provisions of sections 4-5 to 4-8, inclusive, with the powers and duties prescribed in said sections. The commissioner shall be knowledgeable and experienced with respect to the conditions and needs of elderly persons and shall serve on a full-time basis.

(b) The Commissioner on Aging shall administer all laws under the jurisdiction of the Department on Aging and shall employ the most efficient and practical means for the provision of care and protection of elderly persons. The commissioner shall have the power and duty to do the following: (1) Administer, coordinate and direct the operation of the department; (2) adopt and enforce regulations, in accordance with chapter 54, as necessary to implement the purposes of the department as established by statute; (3) establish rules for the internal operation and administration of the department; (4) establish and develop programs and administer services to achieve the purposes of the department; (5) contract for facilities, services and programs to implement the purposes of the department; (6) act as advocate for necessary additional comprehensive and coordinated programs for elderly persons; (7) assist and advise all appropriate state, federal, local and area planning agencies for elderly persons in the performance of their functions and duties pursuant to federal law and regulation; (8) plan services and programs for elderly persons; (9) coordinate

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outreach activities by public and private agencies serving elderly persons; and (10) consult and cooperate with area and private planning agencies.

(c) The functions, powers, duties and personnel of the Division of [Elderly] Aging Services of the Department of Social Services, or any subsequent division or portion of a division with similar functions, powers, personnel and duties, shall be transferred to the Department on Aging pursuant to the provisions of sections 4-38d, 4-38e and 4-39.

(d) The Department of Social Services shall administer programs under the jurisdiction of the Department on Aging until the Commissioner on Aging is appointed and administrative staff are hired.

(e) The Governor may, with the approval of the Finance Advisory Committee, transfer funds between the Department of Social Services and the Department on Aging pursuant to subsection (b) of section 4-87 during the fiscal year ending June 30, 2012.

~~[(d)]~~ (f) Any order or regulation of the Department of Social Services or the Commission on Aging that is in force on July 1, [2008] 2011, shall continue in force and effect as an order or regulation until amended, repealed or superseded pursuant to law.

Sec. 25. Subsection (b) of section 14-41 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(b) An original operator's license shall expire within a period not exceeding six years following the date of the operator's next birthday. The fee for such original license shall be computed at the rate of forty-four dollars for a four-year license, sixty-six dollars for a six-year license and eleven dollars per year [for] or any part of a year. [thereof.] The commissioner may authorize an automobile club or association,

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licensed in accordance with the provisions of section 14-67 on or before July 1, 2007, to perform license renewals, renewals of identity cards issued pursuant to section 1-1h and registration transactions at its office facilities. The commissioner may authorize such automobile clubs or associations to charge a convenience fee, which shall not exceed two dollars, to each applicant for a license or identity card renewal or a registration transaction.

Sec. 26. Subsection (a) of section 14-18 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) (1) Each motor vehicle for which one number plate has been issued shall, while in use or operation upon any public highway, display in a conspicuous place at the rear of such vehicle the number plate. [Each such motor vehicle shall also display a sticker on the number plate or elsewhere] The commissioner may issue a sticker denoting the expiration date of the registration. Such sticker shall be displayed in such place on the vehicle [,] as the commissioner may direct. [, denoting the expiration date of the registration.] Such sticker may contain the corresponding letters and numbers of the registration and number plate [, as assigned] issued by the commissioner.

(2) Each motor vehicle for which two number plates have been issued shall, while in use or operation upon any public highway, display in a conspicuous place at the front and the rear of such vehicle the number plates. [Each such motor vehicle shall also display a sticker on the rear number plate or elsewhere] The commissioner may issue a sticker denoting the expiration date of the registration. Such sticker shall be displayed in such place on the vehicle [,] as the commissioner may direct. [, denoting the expiration date of the registration, which] Such sticker may contain the corresponding letters and numbers of the number plate [, as assigned] issued by the commissioner.

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Sec. 27. (*Effective July 1, 2010*) In addition to any payments made under the provisions of subdivision (2) of subsection (e) of section 10-76d or subsection (b) of section 10-76g of the general statutes, the local and regional board of education of each of the following towns shall receive a grant in the following amount in each of the fiscal years ending June 30, 2010, and June 30, 2011:

Town	Grant for Fiscal Years 2010 And 2011
Andover	11,979
Ansonia	90,043
Ashford	28,106
Avon	8,053
Barkhamsted	15,575
Berlin	79,218
Bethany	8,932
Bethel	59,394
Bloomfield	73,516
Bolton	37,762
Bozrah	11,608
Branford	67,249
Bridgeport	972,458
Bristol	305,418
Brookfield	16,723
Brooklyn	125,205
Canaan	1,617
Canterbury	76,233
Canton	37,513
Chaplin	24,262
Cheshire	88,999
Chester	3,480
Clinton	44,745
Colchester	147,170
Colebrook	3,303
Columbia	35,984
Cornwall	245
Coventry	122,259

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Cromwell	47,966
Danbury	288,061
Darien	245
Deep River	5,239
Derby	58,344
Eastford	16,271
East Granby	16,867
East Haddam	51,623
East Hampton	94,121
East Hartford	297,594
East Haven	164,591
East Lyme	42,766
Easton	245
East Windsor	76,825
Ellington	140,312
Enfield	250,062
Essex	888
Fairfield	4,065
Farmington	29,863
Franklin	11,830
Glastonbury	79,718
Granby	49,893
Greenwich	245
Griswold	124,737
Groton	156,706
Guilford	33,014
Hamden	430,195
Hampton	15,410
Hartford	1,795,813
Hartland	17,879
Hebron	31,563
Kent	246
Killingly	177,759
Lebanon	69,781
Ledyard	160,239
Lisbon	42,730
Litchfield	23,157
Madison	14,681
Manchester	206,245

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Mansfield	91,029
Marlborough	12,626
Meriden	347,246
Middletown	423,310
Milford	71,335
Monroe	55,542
Montville	169,062
Naugatuck	225,733
New Britain	1,012,117
New Canaan	245
New Fairfield	22,422
New Hartford	26,400
New Haven	1,365,588
Newington	163,043
New London	193,786
New Milford	184,717
Newtown	66,386
Norfolk	1,476
North Branford	122,064
North Canaan	26,245
North Haven	117,573
North Stonington	47,231
Norwalk	73,850
Norwich	379,721
Old Saybrook	5,087
Orange	9,284
Oxford	68,962
Plainfield	188,032
Plainville	151,213
Plymouth	168,776
Pomfret	38,877
Portland	47,701
Preston	76,826
Putnam	79,065
Redding	245
Ridgefield	1,380
Rocky Hill	38,461
Salem	35,491
Salisbury	808

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Scotland	16,360
Seymour	96,416
Sharon	245
Shelton	77,572
Sherman	3,106
Simsbury	49,498
Somers	73,004
Southington	128,809
South Windsor	120,107
Sprague	46,144
Stafford	191,719
Stamford	48,132
Sterling	54,282
Stonington	25,159
Stratford	176,055
Suffield	85,779
Thomaston	44,117
Thompson	77,498
Tolland	120,380
Torrington	282,306
Trumbull	65,489
Union	11,162
Vernon	128,580
Voluntown	41,611
Wallingford	231,221
Waterbury	940,080
Waterford	29,370
Watertown	100,103
Westbrook	3,844
West Hartford	123,682
West Haven	390,776
Weston	3,464
Westport	256
Wethersfield	73,219
Willington	38,215
Wilton	245
Winchester	73,854
Windham	220,595
Windsor	160,224

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Windsor Locks	55,320
Wolcott	104,272
Woodbridge	2,468
Woodstock	61,337
District No. 1	1,323
District No. 4	11,949
District No. 5	49,743
District No. 6	23,599
District No. 7	74,868
District No. 8	76,432
District No. 9	7,866
District No. 10	126,452
District No. 11	27,908
District No. 12	26,657
District No. 13	115,675
District No. 14	56,943
District No. 15	124,618
District No. 16	157,758
District No. 17	84,727
District No. 18	20,336
District No. 19	119,518

Sec. 28. (NEW) (*Effective October 1, 2010*) (a) As used in this section:

(1) "Homeless youth" means a person under twenty-one years of age who is without shelter where appropriate care and supervision are available and who lacks a fixed, regular and adequate nighttime residence, including youth under the age of eighteen whose parent or legal guardian is unable or unwilling to provide shelter and appropriate care;

(2) "Fixed, regular and adequate nighttime residence" means a dwelling at which a person resides on a regular basis that adequately provides safe shelter, but does not include (A) a publicly or privately operated institutional shelter designed to provide temporary living accommodations; (B) transitional housing; (C) a temporary placement with a peer, friend or family member who has not offered a permanent

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residence, residential lease or temporary lodging for more than thirty days; or (D) a public or private place not designed for or ordinarily used as regular sleeping place by human beings; and

(3) "Aftercare services" means continued counseling, guidance or support for not more than six months following the provision of services.

(b) The Department of Children and Families, within available appropriations, shall establish a program that provides one or more of the following services for homeless youth: (1) Public outreach, (2) respite housing, and (3) transitional living services for homeless youth and youth at risk of homelessness. The department may enter into a contract with nonprofit organizations or municipalities to implement this section. Such program may have the following components:

(1) A public outreach and drop-in component that provides youth drop-in centers with walk-in access to crisis intervention and ongoing supportive services, including one-to-one case management services on a self-referral basis and public outreach that locates, contacts and provides information, referrals and services to homeless youth and youth at risk of homelessness. Such component may include, but not be limited to, information, referrals and services for (A) family reunification services, conflict resolution or mediation counseling; (B) respite housing, case management aimed at obtaining food, clothing, medical care or mental health counseling, counseling regarding violence, prostitution, substance abuse, sexually transmitted diseases, HIV and pregnancy, and referrals to agencies that provide support services to homeless youth and youth at risk of homelessness; (C) education, employment and independent living skills; (D) aftercare services; and (E) specialized services for highly vulnerable homeless youth, including teen parents, sexually-exploited youth and youth with mental illness or developmental disabilities;

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(2) A respite housing component that provides homeless youth with referrals and walk-in access to respite care on an emergency basis that includes voluntary housing, with private shower facilities, beds and at least one meal each day, and assistance with reunification with family or a legal guardian when required or appropriate. Services provided at respite housing may include, but need not be limited to, (A) family reunification services or referral to safe housing; (B) individual, family and group counseling; (C) assistance in obtaining clothing; (D) access to medical and dental care and mental health counseling; (E) education and employment services; (F) recreational activities; (G) case management, advocacy and referral services; (H) independent living skills training; and (I) aftercare services and transportation; and

(3) A transitional living component that (A) assists homeless youth in finding and maintaining safe housing, and (B) includes rental assistance and related supportive services. Such component may include, but not be limited to, (i) educational assessment and referral to educational programs; (ii) career planning, employment, job skills training and independent living skills training; (iii) job placement; (iv) budgeting and money management; (v) assistance in securing housing appropriate to needs and income; (vi) counseling regarding violence, prostitution, substance abuse, sexually transmitted diseases and pregnancy, referral for medical services or chemical dependency treatment; and (vii) parenting skills, self-sufficiency support services or life skills training and aftercare services.

Sec. 29. (NEW) (*Effective October 1, 2010*) A public or private agency serving children and youth may provide services to a homeless child or youth, as defined in 42 USC 11434a, unless the parent or guardian does not consent to such services or withdraws such consent. Such agency shall make all reasonable efforts to contact the parent or guardian for consent and shall be immune from liability, civil or criminal, which might otherwise be incurred or imposed, provided the

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agency provided such services in good faith and not negligently.

Sec. 30. (NEW) (*Effective October 1, 2010*) On or before February 1, 2012, and annually thereafter, the Commissioner of Children and Families shall submit a report regarding the program established under section 1 of this act, in accordance with section 11-4a of the general statutes, to the select committee of the General Assembly having cognizance of matters relating to children. The report shall include recommendations for any changes to the program to ensure that the best available services are being delivered to homeless youth and youth at risk of homelessness. The report shall include key outcome indicators and measures and shall set benchmarks for evaluating progress in accomplishing the purposes of said section.

Sec. 31. Section 4-85 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(a) Before an appropriation becomes available for expenditure, each budgeted agency shall submit to the Governor through the Secretary of the Office of Policy and Management, not less than twenty days before the beginning of the fiscal year for which such appropriation was made, a requisition for the allotment of the amount estimated to be necessary to carry out the purposes of such appropriation during each quarter of such fiscal year. Commencing with the fiscal year ending June 30, 2011, the initial allotment requisition for each line item appropriated to the legislative branch and to the judicial branch for any fiscal year shall be based upon the amount appropriated to such line item for such fiscal year minus any amount of budgeted reductions to be achieved by such branch for such fiscal year pursuant to subsection (c) of section 2-35, as amended by this act. Appropriations for capital outlays may be allotted in any manner the Governor deems advisable. Such requisition shall contain any further information required by the Secretary of the Office of Policy and

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Management. The Governor shall approve such requisitions, subject to the provisions of subsection (b) of this section.

(b) Any allotment requisition and any allotment in force shall be subject to the following: (1) If the Governor determines that due to a change in circumstances since the budget was adopted certain reductions should be made in allotment requisitions or allotments in force or that estimated budget resources during the fiscal year will be insufficient to finance all appropriations in full, the Governor may modify such allotment requisitions or allotments in force to the extent the Governor deems necessary. Before such modifications are effected the Governor shall file a report with the joint standing committee having cognizance of matters relating to appropriations and the budgets of state agencies and the joint standing committee having cognizance of matters relating to state finance, revenue and bonding describing the change in circumstances which makes it necessary that certain reductions should be made or the basis for his determination that estimated budget resources will be insufficient to finance all appropriations in full. (2) If the cumulative monthly financial statement issued by the Comptroller pursuant to section 3-115 includes a projected General Fund deficit greater than one per cent of the total of General Fund appropriations, the Governor, within thirty days following the issuance of such statement, shall file a report with such joint standing committees, including a plan which he shall implement to modify such allotments to the extent necessary to prevent a deficit. No modification of an allotment requisition or an allotment in force made by the Governor pursuant to this subsection shall result in a reduction of more than three per cent of the total appropriation from any fund or more than five per cent of any appropriation, except such limitations shall not apply in time of war, invasion or emergency caused by natural disaster.

(c) If a plan submitted in accordance with subsection (b) of this

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section indicates that a reduction of more than three per cent of the total appropriation from any fund or more than five per cent of any appropriation is required to prevent a deficit, the Governor may request that the Finance Advisory Committee approve any such reduction, provided any modification which would result in a reduction of more than five per cent of total appropriations shall require the approval of the General Assembly.

(d) The secretary shall submit copies of allotment requisitions thus approved or modified or allotments in force thus modified, with the reasons for any modifications, to the administrative heads of the budgeted agencies concerned, to the Comptroller and to the joint standing committee of the General Assembly having cognizance of appropriations and matters relating to the budgets of state agencies, through the Office of Fiscal Analysis. The Comptroller shall set up such allotments on the Comptroller's books and be governed thereby in the control of expenditures of budgeted agencies.

(e) The provisions of this section shall not be construed to authorize the Governor to reduce allotment requisitions or allotments in force concerning (1) aid to municipalities; or (2) any budgeted agency of the legislative or judicial branch, except that the Governor may [require] propose an aggregate allotment reduction of a specified amount in accordance with this section for the legislative or judicial branch. [, which shall be achieved as determined by the Joint Committee on Legislative Management or the Chief Court Administrator, as appropriate. The joint committee or Chief Court Administrator, as appropriate, shall submit reductions to the Governor through the Secretary of the Office of Policy and Management not more than fifteen days after the Governor requires such reductions.] If the Governor proposes to reduce allotment requisitions or allotments in force for any budgeted agency of the legislative or judicial branch, the Secretary of the Office of Policy and Management shall, at least five days before the

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effective date of such proposed reductions, notify the president pro tempore of the Senate and the speaker of the House of Representatives of any such proposal affecting the legislative branch and the Chief Justice of any such proposal affecting the judicial branch. Such notification shall include the amounts, effective dates and reasons necessitating the proposed reductions. Not later than three days after receipt of such notification, the president pro tempore or the speaker, or both, or the Chief Justice, as appropriate, may notify the Secretary of the Office of Policy and Management and the chairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, in writing, of any objection to the proposed reductions. The committee may hold a public hearing on such proposed reductions. Such proposed reductions shall become effective unless they are rejected by a two-thirds vote of the members of the committee not later than fifteen days after receipt of the notification of objection to the proposed reductions. If the committee rejects such proposed reductions, the Secretary of the Office of Policy and Management shall present an alternative plan to achieve such reductions to the president pro tempore and the speaker for any such proposal affecting the legislative branch or to the Chief Justice for any such proposal affecting the judicial branch. If proposed reductions in allotment requisitions or allotments in force for any budgeted agency of the legislative or judicial branch are not rejected, such reductions shall be achieved as determined by the Joint Committee on Legislative Management or the Chief Justice, as appropriate. The Joint Committee on Legislative Management or the Chief Justice, as appropriate, shall submit such reductions to the Governor through the Secretary of the Office of Policy and Management not later than ten days after the proposed reductions become effective.

Sec. 32. Section 2-35 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July*

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1, 2010):

(a) All bills carrying or requiring appropriations and favorably reported by any other committee, except for payment of claims against the state, shall, before passage, be referred to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, unless such reference is dispensed with by a vote of at least two-thirds of each house of the General Assembly. Resolutions paying the contingent expenses of the Senate and House of Representatives shall be referred to said committee. Said committee may originate and report any bill which it deems necessary and shall, in each odd-numbered year, report such appropriation bills as it deems necessary for carrying on the departments of the state government and for providing for such institutions or persons as are proper subjects for state aid under the provisions of the statutes, for the ensuing biennium. In each even-numbered year, the committee shall originate and report at least one bill which adjusts expenditures for the ensuing fiscal year in such manner as it deems appropriate. Each appropriation bill shall specify the particular purpose for which appropriation is made and shall be itemized as far as practicable. The state budget act may contain any legislation necessary to implement its appropriations provisions, provided no other general legislation shall be made a part of such act.

(b) The state budget act passed by the legislature for funding the expenses of operations of the state government in the ensuing biennium shall contain a statement of estimated revenue, based upon the most recent consensus revenue estimate or the revised consensus revenue estimate issued pursuant to section 2-36c, itemized by major source, for each appropriated fund. The statement of estimated revenue applicable to each such fund shall include, for any fiscal year, an estimate of total revenue with respect to such fund, which amount shall be reduced by (1) an estimate of total refunds of taxes to be paid

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from such revenue in accordance with the authorization in section 12-39f, and (2) an estimate of total refunds of payments to be paid from such revenue in accordance with the provisions of section 4-37. Such statement of estimated revenue, including the estimated refunds of taxes to be offset against such revenue, shall be supplied by the joint standing committee of the General Assembly having cognizance of matters relating to state finance, revenue and bonding. The total estimated revenue for each fund, as adjusted in accordance with this section, shall not be less than the total net appropriations made from each fund. On or before July first of each fiscal year said committee shall, if any revisions in such estimates are required by virtue of legislative amendments to the revenue measures proposed by said committee, changes in conditions or receipt of new information since the original estimate was supplied, meet and revise such estimates and, through its cochairpersons, report to the Comptroller any such revisions.

(c) If the state budget act passed by the legislature for funding the expenses of operations of the state government in the ensuing biennium or making adjustments to a previously adopted biennial budget contains state-wide budgeted reductions not allocated by a budgeted agency, such act shall specify the amount of such budgeted reductions to be achieved in each branch of state government.

Sec. 33. Section 36 of public act 09-3 of the June special session is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

The unexpended balance of funds appropriated to the Office of Policy and Management in section 43 of public act 08-1 of the January special session for design and implementation of a comprehensive, state-wide information technology system for the sharing of criminal justice information and for costs related to the Criminal Justice Information System Governing Board shall not lapse on June 30, 2009,

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and such funds shall continue to be available for such purposes during the fiscal [year] years ending June 30, 2010, and June 30, 2011.

Sec. 34. Section 17a-17 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Commissioner of Children and Families may, after consultation with the Commissioner of Administrative Services, establish by regulation a payment system, which shall be adopted in accordance with chapter 54, for the direct payment of the reasonable expense of goods or services determined by said commissioner to be necessary for the care and maintenance of any child in [his] the commissioner's custody, or under [his] the commissioner's guardianship, whether or not the child has income or estate. Ninety per cent of a clean claim for payments shall be made no later than thirty days from receipt of the request for payment and ninety-nine per cent shall be made within ninety days of such receipt. Upon request of the Commissioner of Children and Families, the Comptroller shall draw [his] an order on the Treasurer, from time to time, for such part of the appropriation for care of such children as may be needed in order to enable the commissioner to make such payments. The Department of Administrative Services may bill to and collect from the person in charge of the estate of any child in the custody of the Commissioner of Children and Families or under said commissioner's guardianship, or the payee of such child's income, the total amount expended for care of such child or such portion thereof as any such estate or payee is able to reimburse, provided the department shall not collect from such estate or payee any reimbursement for the cost of care or other expenditures made on behalf of such child from (1) the proceeds of any cause of action received by such child; (2) any lottery proceeds due to such child; (3) any inheritance due to such child; (4) any payment due to such child from a trust other than a trust created pursuant to 42 USC 1396p, as amended from time to time; or (5) the

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decendent estate of such child. For the purposes of this section "clean claim" means a claim which can be processed without obtaining additional substantiation from the applicant for payment or other person entitled to receive payment. A claim submitted by an applicant who is under investigation for fraud or abuse shall not be considered a clean claim.

(b) The Commissioner of Children and Families and the Commissioner of Education shall jointly develop a single cost accounting system, on forms developed jointly by the Department of Children and Families and the Department of Education, which may be the basis for the payment of reasonable expenses for room and board and education by purchase of service agreement to private residential treatment centers that provide on-campus educational services and are licensed pursuant to section 17a-145. The Commissioner of Children and Families, after consultation with the Commissioner of Education, shall adopt regulations in accordance with the provisions of chapter 54 to administer the system which may provide for the combining of procedures within the Department of Children and Families and the Department of Education for administering the system including the holding of joint hearings and reviews. Annually, on or before a date established by the Commissioner of Children and Families, each residential treatment center shall submit to the Department of Children and Families, on forms provided by said department and the Department of Education, the audited costs of its approved programs for the preceding year as certified by a certified public accounting firm. On and after July 1, 1983, no additional services shall be included in the calculation of such reasonable expenses unless such services are approved by the Commissioner of Children and Families or the Commissioner of Education.

(c) During the two-year period commencing July 1, 1985, the

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Commissioner of Children and Families and the Commissioner of Education shall implement the cost accounting system developed pursuant to subsection (b) of this section. On and after July 1, 1987, said system shall be the basis for the payment of reasonable expenses for room and board and education, by purchase of service agreement, to private residential treatment centers, provided said system shall not be applicable to any treatment center which does not submit the audited costs of its approved programs for the preceding year in accordance with the provisions of said subsection (b).

(d) Any cost-of-living adjustment provided in section 4 of public act 98-250 shall be applicable only to the room and board rate and shall not be applicable to the education rate.

(e) The Commissioner of Children and Families may establish a performance-based payment system for child-care facilities that serve children in the custody of the commissioner and are licensed pursuant to section 17a-145. Any payments made pursuant to this subsection shall be reinvested in the child-care facility to provide program enhancements and salary increases for direct care staff. Such payments shall not be considered income to the child-care facility for purposes of establishing payments under the single cost accounting system established pursuant to subsection (b) of this section.

Sec. 35. (*Effective July 1, 2010*) Up to \$450,000 appropriated to the Department of Social Services in section 1 of this act, for Housing and Homeless Services, shall be made available during the fiscal year ending June 30, 2011, to provide fifty rental assistance program certificates to individuals and families who are frequent users of expensive state services. The Commissioner of Social Services shall coordinate this expenditure with the Commissioner of Mental Health and Addiction Services, the Commissioner of Correction, the executive director of the Court Support Services Division of the Judicial Branch, and a representative of the Supportive Housing Initiative, established

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pursuant to section 17a-485c of the general statutes.

Sec. 36. (NEW) (*Effective from passage*) (a) Any payment made pursuant to the Patient Protection and Affordable Care Act, P.L. 111-148, to an individual who is an applicant for or recipient of benefits or services under any state or local program financed in whole or in part with state funds that provides such benefits or services based on need shall not be counted as income, nor shall any such payment be counted as resources for the month of receipt or the following two months, for the purpose of determining the individual's or any other individual's eligibility for such benefits or services or the amount of such benefits or services.

(b) Any such payment shall not be counted as income for purposes of determining the eligibility for, or the benefit level of, such individual under any property tax exemption, property tax credit or rental rebate program financed in whole or in part with state funds, nor shall such payment be counted as income for purposes of any property tax relief program that a municipality may, at its option, offer.

Sec. 37. Subsection (a) of section 17b-244 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(a) The room and board component of the rates to be paid by the state to private facilities and facilities operated by regional education service centers which are licensed to provide residential care pursuant to section 17a-227, but not certified to participate in the Title XIX Medicaid program as intermediate care facilities for persons with mental retardation, shall be determined annually by the Commissioner of Social Services, except that rates effective April 30, 1989, shall remain in effect through October 31, 1989. Any facility with real property other than land placed in service prior to July 1, 1991, shall,

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for the fiscal year ending June 30, 1995, receive a rate of return on real property equal to the average of the rates of return applied to real property other than land placed in service for the five years preceding July 1, 1993. For the fiscal year ending June 30, 1996, and any succeeding fiscal year, the rate of return on real property for property items shall be revised every five years. The commissioner shall, upon submission of a request by such facility, allow actual debt service, comprised of principal and interest, on the loan or loans in lieu of property costs allowed pursuant to section 17-313b-5 of the regulations of Connecticut state agencies, whether actual debt service is higher or lower than such allowed property costs, provided such debt service terms and amounts are reasonable in relation to the useful life and the base value of the property. In the case of facilities financed through the Connecticut Housing Finance Authority, the commissioner shall allow actual debt service, comprised of principal, interest and a reasonable repair and replacement reserve on the loan or loans in lieu of property costs allowed pursuant to section 17-313b-5 of the regulations of Connecticut state agencies, whether actual debt service is higher or lower than such allowed property costs, provided such debt service terms and amounts are determined by the commissioner at the time the loan is entered into to be reasonable in relation to the useful life and base value of the property. The commissioner may allow fees associated with mortgage refinancing provided such refinancing will result in state reimbursement savings, after comparing costs over the terms of the existing proposed loans. For the fiscal year ending June 30, 1992, the inflation factor used to determine rates shall be one-half of the gross national product percentage increase for the period between the midpoint of the cost year through the midpoint of the rate year. For fiscal year ending June 30, 1993, the inflation factor used to determine rates shall be two-thirds of the gross national product percentage increase from the midpoint of the cost year to the midpoint of the rate year. For the fiscal years ending June 30, 1996, and June 30, 1997, no inflation factor shall be applied in determining rates. The

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Commissioner of Social Services shall prescribe uniform forms on which such facilities shall report their costs. Such rates shall be determined on the basis of a reasonable payment for necessary services. Any increase in grants, gifts, fund-raising or endowment income used for the payment of operating costs by a private facility in the fiscal year ending June 30, 1992, shall be excluded by the commissioner from the income of the facility in determining the rates to be paid to the facility for the fiscal year ending June 30, 1993, provided any operating costs funded by such increase shall not obligate the state to increase expenditures in subsequent fiscal years. Nothing contained in this section shall authorize a payment by the state to any such facility in excess of the charges made by the facility for comparable services to the general public. The service component of the rates to be paid by the state to private facilities and facilities operated by regional education service centers which are licensed to provide residential care pursuant to section 17a-227, but not certified to participate in the Title XIX Medicaid programs as intermediate care facilities for persons with mental retardation, shall be determined annually by the Commissioner of Developmental Services in accordance with section 17b-244a. For the fiscal year ending June 30, 2008, no facility shall receive a rate that is more than two per cent greater than the rate in effect for the facility on June 30, 2007, except any facility that would have been issued a lower rate effective July 1, 2007, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2007. For the fiscal year ending June 30, 2009, no facility shall receive a rate that is more than two per cent greater than the rate in effect for the facility on June 30, 2008, except any facility that would have been issued a lower rate effective July 1, 2008, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2008. For the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect for the period ending June 30, 2009, shall remain in effect until June 30, 2011, except that (1) the rate paid to a facility may be higher than the

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rate paid to the facility for the period ending June 30, 2009, if a capital improvement required by the Commissioner of Developmental Services for the health or safety of the residents was made to the facility during the fiscal years ending June 30, 2010, or June 30, 2011, and (2) any facility that would have been issued a lower rate for the fiscal years ending June 30, 2010, or June 30, 2011, due to interim rate status or agreement with the department, shall be issued such lower rate.

Sec. 38. (NEW) (*Effective July 1, 2010*) (a) The State Comptroller may transfer from the Employers Social Security Tax account the amount or any portion of the amount of actual or projected savings in said account resulting from employee participation in the flexible savings account program, established in sections 5-264b to 5-264e, inclusive, of the general statutes, to a restrictive grant fund account for payment of administrative and program costs of the flexible spending account program. The total amount transferred for administrative costs pursuant to this subsection shall not exceed two hundred fifty thousand dollars per year.

(b) The State Comptroller may transfer from the Employers Social Security Tax account an amount equal to an employee's yearly contribution to the restrictive grant fund account described in subsection (a) of this section, provided such amount is reimbursed to the Employers Social Security Tax account from said restrictive grant fund account not later than eighteen months after such transfer.

(c) On or before March 30, 2012, and annually thereafter, the State Comptroller shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and the Secretary of the Office of Policy and Management on the status of the flexible spending account programs. Each such report shall include, but not be

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limited to: (1) The number of employees enrolled in such programs, (2) the administrative costs of such programs, (3) the amount of forfeitures in such programs, and (4) the effect of the transfers permitted under subsections (a) and (b) of this section on the Employers Social Security Tax account.

Sec. 39. (*Effective July 1, 2010*) (a) The Secretary of the Office of Policy and Management shall identify five million dollars in nonappropriated accounts of the General Fund that shall be available for transfer into the General Fund for the fiscal year ending June 30, 2011.

(b) Said secretary shall submit such identified funds to be transferred to the speaker of the House of Representatives and the president pro tempore of the Senate. Not later than five days after receipt of the recommendations, the speaker and the president pro tempore shall submit the recommended transfers to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies. Not later than thirty days after receipt of the secretary's recommended transfers, said committee shall advise the secretary of its approval or disapproval of such recommended transfers. If the committee does not act within thirty days, the recommended transfers shall be deemed approved. Upon approval of the recommended transfers, the secretary and the State Comptroller shall transfer such funds.

Sec. 40. (NEW) (*Effective from passage*) (a) For purposes of sections 1-100oo, 1-206, 2-71r, 4-183, 4a-52a, 4a-60q, 4a-63, 4a-100, 4e-34, 4e-35, 7-65, 7-148w, 7-247a, 7-473c, 7-478e, 8-3b, 8-3i, 8-7d, 8-26b, 8-169r, 8-293, 9-388, 9-608, 9-623, 10a-22c, 10a-22i, 10a-34a, 10a-109n, 12-35, 12-157, 12-242ii, 12-242jj, 13a-80, 13a-85c, 13a-123, 15-11a, 16-41, 16-50c, 16-50d, 17a-103b, 19a-87, 19a-87c, 19a-209c, 19a-332e, 19a-343a, 19a-486a, 19a-486c, 19a-486d, 19a-497, 19a-507b, 20-205a, 20-325a, 21-63, 21-80, 22-7, 22a-6b, 22a-6u, 22a-30, 22a-42d, 22a-42f, 22a-66d, 22a-137, 22a-178, 22a-225, 22a-228, 22a-250, 22a-285b, 22a-354p, 22a-354s, 22a-354t, 22a-361,

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22a-371, 22a-401, 22a-403, 22a-433, 22a-436, 22a-449f, 22a-449l, 22a-449n, 22a-504, 22a-626, 23-46, 23-65j, 23-651, 23-65p, 25-32, 25-32e, 25-331, 25-34, 25-204, 25-234, 29-108d, 31-57c, 31-57d, 31-355, 32-613, 33-663, 33-929, 33-1053, 33-1219, 34-521, 35-42, 36a-50, 36a-51, 36a-52, 36a-53, 36a-82, 36a-184, 36a-493, 36b-62, 36b-72, 38-323a, 38a-344, 38a-676, 38a-724, 38a-788, 42-158j, 42-161, 42-181, 42-182, 42-186, 42-271, 45a-716, 46a-82e, 46b-115w, 46b-128, 47-42d, 47-74f, 47-88b, 47-236, 47-284, 47a-11b, 47a-11d, 47a-13a, 47a-14h, 47a-56b, 49-2, 49-4a, 49-8, 49-8a, 49-10b, 49-31b, 49-51, 49-70, 51-90e, 52-57, 52-59b, 52-63, 52-64, 52-195c, 52-350e, 52-351b, 52-361a, 52-362, 52-565a, 52-605, 52-606, 53-401, 53a-128, 53a-128d, 53a-207 and 54-82c of the general statutes and chapter 965 of the general statutes, any reference to certified mail, return receipt requested, shall include mail, electronic, and digital methods of receiving the return receipt, including all methods of receiving the return receipt identified by the Mailing Standards of the United States Postal Service in Chapter 500 of the Domestic Mail Manual or any subsequent corresponding document of the United States Postal Service.

(b) The Legislative Commissioners' Office shall, in codifying the provisions of this section, make such technical, grammatical and punctuation changes and statutory placements and classifications, including, but not listed in subsection (a) of this section as are necessary to carry out the purposes of this section.

Sec. 41. (NEW) (*Effective July 1, 2010*) The Auditors of Public Accounts shall annually conduct an audit of reimbursements made from the Bradley Enterprise Fund to the Department of Public Safety to cover the cost of Troop W operations carried out in accordance with the memorandum of understanding between the Department of Public Safety and the Department of Transportation.

Sec. 42. (*Effective from passage*) (a) There is established a task force to study converting legislative documents from paper to electronic form.

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Such study shall examine the feasibility and available means of electronically producing documents, including, but not limited to, bills, amendments and calendars, currently produced by and for the General Assembly in paper form, taking into consideration the need to make such documents easily available to members and staff of the General Assembly, members of the public, state libraries and other interested parties and the cost of producing such documents electronically.

(b) The task force shall consist of the following members:

(1) The clerks of the House of Representatives and the Senate, or the clerks' designees;

(2) The State Librarian, or the State Librarian's designee;

(3) Four members of the Association of Connecticut Lobbyists, one each appointed by the majority leader of each legislative caucus;

(4) The chairpersons of the Joint Committee on Legislative Management, or the chairpersons' designees;

(5) The Director of the legislative Office of Information Technology Services, or the director's designee;

(6) The three supervising committee administrators of the General Assembly; and

(7) Up to two state agency liaisons appointed by the Secretary of the Office of Policy and Management.

(c) All appointments to the task force shall be made not later than June 1, 2010. Any vacancy shall be filled by the appointing authority.

(d) The chairpersons of the Joint Committee on Legislative Management, or the chairpersons' designees, shall be the chairpersons

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of the task force. Such chairpersons shall schedule the first meeting of the task force, which shall be held not later than July 1, 2010.

(e) The administrative staff of the Joint Committee on Legislative Management shall serve as administrative staff of the task force.

(f) Not later than December 1, 2010, the task force shall submit a report on its findings and recommendations, including recommendations for legislation, to the Joint Committee on Legislative Management, in accordance with the provisions of section 11-4a of the general statutes. The task force shall terminate on the date that it submits such report or January 1, 2011, whichever is later.

Sec. 43. Subdivision (2) of subsection (l) of section 74 of public act 09-3 of the June special session, as amended by section 16 of public act 10-3, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(2) (A) The sum of \$1,000,000 shall be transferred from the Connecticut State University operating reserve account and credited to the resources of the General Fund for the fiscal year ending June 30, 2010.

(B) The sum of [~~\$2,000,000~~] \$10,000,000 shall be transferred from the Connecticut State University operating reserve account and credited to the resources of the General Fund for the fiscal year ending June 30, 2011.

Sec. 44. Section 13b-61c of the 2010 supplement to the general statutes, as amended by section 15 of public act 10-3, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) For the fiscal year ending June 30, 2010, the Comptroller shall transfer the sum of seventy-one million two hundred thousand dollars from the resources of the General Fund to the Special Transportation

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Fund.

(b) For the fiscal [years] year ending June 30, 2011, [and June 30, 2012,] the Comptroller shall transfer the sum of one hundred [twenty-four million fifty thousand] seven million five hundred fifty thousand dollars from the resources of the General Fund to the Special Transportation Fund.

(c) For the fiscal year ending June 30, 2012, the Comptroller shall transfer the sum of one hundred twenty-four million fifty thousand dollars from the resources of the General Fund to the Special Transportation Fund.

[[c)] (d) For the fiscal year ending June 30, 2013, and annually thereafter, the Comptroller shall transfer the sum of one hundred seventy-two million eight hundred thousand dollars from the resources of the General Fund to the Special Transportation Fund.

Sec. 45. (*Effective from passage*) Not later than June 30, 2010, the State Comptroller shall transfer up to \$140,000,000 of unappropriated surplus in the General Fund for the fiscal year ending June 30, 2010, for use as General Fund revenue for the fiscal year ending June 30, 2011.

Sec. 46. Section 17b-28 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There is established a council on Medicaid care management oversight which shall advise the Commissioner of Social Services on the planning and implementation of a system of Medicaid [managed] care management and shall monitor such planning and implementation [and shall advise the Waiver Application Development Council, established pursuant to section 17b-28a,] on matters including, but not limited to, eligibility standards, benefits, access and quality assurance. The council shall be composed of the

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chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health and appropriations and the budgets of state agencies, or their designees; two members of the General Assembly, one to be appointed by the president pro tempore of the Senate and one to be appointed by the speaker of the House of Representatives; the director of the Commission on Aging, or a designee; the director of the Commission on Children, or a designee; a representative of each organization that has been selected by the state to provide managed care and a representative of a primary care case management provider, to be appointed by the president pro tempore of the Senate; two representatives of the insurance industry, to be appointed by the speaker of the House of Representatives; two advocates for persons receiving Medicaid, one to be appointed by the majority leader of the Senate and one to be appointed by the minority leader of the Senate; one advocate for persons with substance use disorders, to be appointed by the majority leader of the House of Representatives; one advocate for persons with psychiatric disabilities, to be appointed by the minority leader of the House of Representatives; two advocates for the Department of Children and Families foster families, one to be appointed by the president pro tempore of the Senate and one to be appointed by the speaker of the House of Representatives; two members of the public who are currently recipients of Medicaid, one to be appointed by the majority leader of the House of Representatives and one to be appointed by the minority leader of the House of Representatives; two representatives of the Department of Social Services, to be appointed by the Commissioner of Social Services; two representatives of the Department of Public Health, to be appointed by the Commissioner of Public Health; two representatives of the Department of Mental Health and Addiction Services, to be appointed by the Commissioner of Mental Health and Addiction Services; two representatives of the Department of Children and Families, to be appointed by the Commissioner of Children and Families; two

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representatives of the Office of Policy and Management, to be appointed by the Secretary of the Office of Policy and Management; and one representative of the office of the State Comptroller, to be appointed by the State Comptroller. [and the members of the Health Care Access Board who shall be ex-officio members and who may not designate persons to serve in their place.] The council shall choose a chair from among its members. The Joint Committee on Legislative Management shall provide administrative support to such chair. The council shall convene its first meeting no later than June 1, 1994.

(b) The council shall make recommendations concerning (1) guaranteed access to enrollees and effective outreach and client education; (2) available services comparable to those already in the Medicaid state plan, including those guaranteed under the federal Early and Periodic Screening, Diagnostic and Treatment Services Program under 42 USC 1396d; (3) the sufficiency of provider networks; (4) the sufficiency of capitated rates provider payments, financing and staff resources to guarantee timely access to services; (5) participation in [managed] care management programs by existing community Medicaid providers; (6) the linguistic and cultural competency of providers and other program facilitators; (7) quality assurance; (8) timely, accessible and effective client grievance procedures; (9) coordination of the Medicaid [managed care plan] care management programs with state and federal health care reforms; (10) eligibility levels for inclusion in the [program] programs; (11) cost-sharing provisions; (12) a benefit package; (13) coordination [with] of coverage under the HUSKY Plan, Part A, HUSKY Plan, Part B and other health care programs administered by the Department of Social Services; (14) the need for program quality studies within the areas identified in this section and the department's application for available grant funds for such studies; (15) the [managed care portion of] HUSKY Plan, Part A, the HUSKY Plan, Part B, HUSKY Primary Care, the state-administered general assistance program, the Medicaid care management programs

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and the Charter Oak Health Plan; (16) other issues pertaining to the development of a Medicaid Research and Demonstration Waiver under Section 1115 of the Social Security Act; and (17) the primary care case management pilot program, established pursuant to section 17b-307.

[(c)] The Commissioner of Social Services shall seek a federal waiver for the Medicaid managed care plan. Implementation of the Medicaid managed care plan shall not occur before July 1, 1995.]

[(d)] (c) The Commissioner of Social Services may, in consultation with an educational institution, apply for any available funding, including federal funding, to support Medicaid [managed] care management programs.

[(e)] (d) The Commissioner of Social Services shall provide monthly reports on the plans and implementation of the Medicaid [managed care system] care management program to the council.

[(f)] (e) The council shall report its activities and progress once each quarter to the General Assembly.

Sec. 47. Subsection (b) of section 12-202a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(b) Notwithstanding the provisions of subsection (a) of this section, the tax shall not apply to:

(1) Any new or renewal contract or policy entered into with the state on or after July 1, 1997, to provide health care coverage to state employees, retirees and their dependents;

(2) Any subscriber charges received from the federal government to provide coverage for Medicare patients;

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(3) Any subscriber charges received under a contract or policy entered into with the state to provide health care coverage to Medicaid recipients [under the Medicaid managed care program established pursuant to section 17b-28,] which charges are attributable to a period on or after January 1, 1998;

(4) Any new or renewal contract or policy entered into with the state on or after April 1, 1998, to provide health care coverage to eligible beneficiaries under the HUSKY [Medicaid] Plan Part A [,] or HUSKY Part B, [or the HUSKY Plus programs,] each as defined in section 17b-290;

(5) Any new or renewal contract or policy entered into with the state on or after April 1, 1998, to provide health care coverage to recipients of state-administered general assistance pursuant to section 17b-192;

(6) Any new or renewal contract or policy entered into with the state on or after February 1, 2000, to provide health care coverage to retired teachers, spouses or surviving spouses covered by plans offered by the state teachers' retirement system;

(7) Any new or renewal contract or policy entered into on or after July 1, 2001, to provide health care coverage to employees of a municipality and their dependents under a plan procured pursuant to section 5-259;

(8) Any new or renewal contract or policy entered into on or after July 1, 2001, to provide health care coverage to employees of nonprofit organizations and their dependents under a plan procured pursuant to section 5-259;

(9) Any new or renewal contract or policy entered into on or after July 1, 2003, to provide health care coverage to individuals eligible for a health coverage tax credit and their dependents under a plan procured pursuant to section 5-259;

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(10) Any new or renewal contract or policy entered into on or after July 1, 2005, to provide health care coverage to employees of community action agencies and their dependents under a plan procured pursuant to section 5-259; or

(11) Any new or renewal contract or policy entered into on or after July 1, 2005, to provide health care coverage to retired members and their dependents under a plan procured pursuant to section 5-259.

Sec. 48. Section 12 of public act 10-3 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Notwithstanding any provision of the general statutes, on and after [May] June 1, 2010, no payment shall be made under a medical assistance program administered by the Department of Social Services, except for the medical assistance program established pursuant to section 17b-256 of the general statutes, for an over-the-counter drug, except for insulin and insulin syringes and as may be required by federal law.

Sec. 49. Section 28 of public act 10-3 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

To the extent permitted by federal law, no payment shall be provided by the Department of Social Services under the Medicaid program for more than one pair of eyeglasses per year. [under any medical assistance program administered by the Department of Social Services.] Said department shall [use its best efforts to reduce costs related to optical devices and services under such programs] administer the payment for eyeglasses and contact lenses as cost effectively as possible.

Sec. 50. (*Effective from passage*) For the fiscal years ending June 30, 2010, and June 30, 2011, the Department of Social Services may, in compliance with an advanced planning document approved by the

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federal Department of Health and Human Services to implement modifications to the Health Insurance Portability and Accountability Act electronic transaction standards, establish a receivable for the anticipated cost of such project.

Sec. 51. (*Effective July 1, 2010*) Up to \$178,828 of the unexpended balance of funds appropriated to the Office of Policy and Management, for Other Expenses to prevent potential base closures, in subsections (a) and (c) of section 49 of public act 05-251 and carried forward under section 30 of public act 07-1 of the June special session, subsection (c) of section 4-89 of the general statutes and section 34 of public act 09-3 of the June special session, shall not lapse on June 30, 2010, and such funds shall continue to be available for such purpose during the fiscal year ending June 30, 2011.

Sec. 52. (*Effective July 1, 2010*) (a) Up to \$183,228 of the unexpended balance of funds appropriated in section 1 of public act 09-3 of the June special session, as amended by section 58 of public act 09-6 of the September special session, section 1 of public act 09-7 of the September special session, sections 1, 9 and 13 of public act 09-1 of the December special session and section 1 of public act 10-3, to the Office of Policy and Management, for Property Tax Relief for Veterans, shall not lapse on June 30, 2010, and such funds shall be transferred to the litigation/settlement account.

(b) Up to \$39,498 of the unexpended balance appropriated in section 1 of public act 09-3 of the June special session, section 58 of public act 09-6 of the September special session, as amended by section 1 of public act 09-7 of the September special session, sections 1, 9 and 13 of public act 09-1 of the December special session and section 1 of public act 10-3, to the Office of Policy and Management, for Reimbursement Property Tax - Disability Exemption, shall not lapse on June 30, 2010, and such funds shall be transferred to the litigation/settlement account.

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(c) Up to \$534,708 of the unexpended balance appropriated in section 1 of public act 09-3 of the June special session, as amended by section 58 of public act 09-6 of the September special session, section 1 of public act 09-7 of the September special session, sections 1, 9 and 13 of public act 09-1 of the December special session and section 1 of public act 10-3, to the Office of Policy and Management, for Distressed Municipalities, shall not lapse on June 30, 2010, and such funds shall be transferred to the litigation/settlement account.

(d) Up to \$75,503 of the unexpended balance appropriated in section 1 of public act 09-3 of the June special session, as amended by section 58 of public act 09-6 of the September special session, section 1 of public act 09-7 of the September special session, sections 1, 9 and 13 of public act 09-1 of the December special session and section 1 of public act 10-3, to the Office of Policy and Management, for Property Tax Relief Elderly Freeze Program, shall not lapse on June 30, 2010, and such funds shall be transferred to the litigation/settlement account.

Sec. 53. (*Effective July 1, 2010*) Up to \$500,000 of the amount appropriated in section 1 of public act 09-3 of the June special session, as amended by section 58 of public act 09-6 of the September special session, section 1 of public act 09-7 of the September special session, sections 1, 9 and 13 of public act 09-1 of the December special session and section 1 of public act 10-3, to the Department of Education, for Other Expenses, for the fiscal year ending June 30, 2010, shall not lapse and shall be available for the fiscal year ending June 30, 2011, for the litigation costs associated with the Connecticut Coalition for Justice in Education Funding v. Rell lawsuit.

Sec. 54. (*Effective July 1, 2010*) Up to \$1,500,000 of the amount appropriated in section 1 of public act 09-3 of the June special session, as amended by section 58 of public act 09-6 of the September special session, section 1 of public act 09-7 of the September special session, sections 1, 9 and 13 of public act 09-1 of the December special session

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and section 1 of public act 10-3, to the Department of Education, for Other Expenses, for the fiscal year ending June 30, 2010, shall not lapse and shall be available for the fiscal year ending June 30, 2011, for the costs associated with meeting the data assurances required for receipt of federal State Fiscal Stabilization Funding.

Sec. 55. (*Effective from passage*) Up to \$100,000 of the unexpended balance of funds appropriated to the Department of Banking in section 6 of public act 09-3, for Other Expenses, shall not lapse on June 30, 2010, and such funds shall continue to be available for the purpose of upgrading software during the fiscal year ending June 30, 2011.

Sec. 56. Section 4 of special act 09-6 is amended to read as follows (*Effective from passage*):

On or before October 15, 2009, and June 15, 2011, the [Commissioner of Administrative Services] Secretary of the Office of Policy and Management, in consultation with the State Comptroller, shall report on savings realized from implementation of the Retirement Incentive Program. The report shall include the number of participants, both union and nonunion, in the program, the savings achieved by each agency as a result of the program, and the offset to such savings due to the refill of positions vacated by program participants.

Sec. 57. Section 15-155 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(a) (1) All revenue received by the state, annually, for the twelve-month period from November first to October thirty-first, inclusive, in fees for the numbering and registration of vessels under section 15-144 shall be paid to the Treasurer and distributed [as follows: (1) Any balance in excess of the amounts required under subdivision (2) of this subsection, shall be deposited in the boating account established

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pursuant to subsection (b) of this section and (2) an amount equal to the amount of property tax paid on vessels on the assessment list of October 1, 1978, in each town, as defined in section 15-127, to the extent such revenue is sufficient, shall be distributed to such towns in lieu of property tax on vessels in the manner set forth and as determined by section 15-155e. In the event that total revenue from such fees for any period of twelve months from November first to October thirty-first next following, inclusive, is less than the amount necessary to make such distribution equivalent to the total of certain property taxes paid on vessels in each town, as provided under subdivision (2) of this subsection, the additional amount necessary to provide for such payment in full shall be allocated for such purpose from any unallocated funds in the boating account, as determined immediately following the end of such period of twelve months] to the Department of Environmental Protection and the Department of Motor Vehicles for expenses incurred in the administration of this part.

(2) Any remaining revenue not distributed under subdivision (1) of this subsection shall be distributed to towns as prorated payments based on the amount of property tax paid on vessels on the assessment list of October 1, 1978, in each town, as defined in section 15-127.

(b) The fringe benefit costs of the Department of Environmental Protection and the Department of Motor Vehicles associated with administering the boating account shall be paid from funds appropriated to the Comptroller for General Fund fringe benefits.

[(b)] (c) There is established an account to be known as the "boating account" which shall be a separate, nonlapsing account within the General Fund. The account shall contain any moneys required by law to be deposited in the account.

[(c)] (d) The boating account shall be used for the following purposes: (1) All expenses incurred by the Commissioner of Motor

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Vehicles and the Commissioner of Environmental Protection in the administration and enforcement of this part and the laws and regulations of the state respecting boating safety and water pollution from vessels, and any payments in accordance with subsection (a) of this section that may be necessary for purposes of the distribution to towns in lieu of property tax on vessels. (2) Expenditures for boating safety, boating education, marine patrols and enforcement training programs, and for the acquisition, construction, maintenance and improvement of recreational and navigational facilities related to boating. (3) Any town which incurs expenses in the enforcement of this part or any law or regulation of the state respecting boating safety, vessel theft prevention or recovery, search and rescue or water pollution from vessels shall be entitled to reimbursement from such moneys in said account as are not provided for under subdivision (2) of this subsection. On or before the first day of December each year, each town desiring such reimbursement shall submit its request to the Commissioner of Environmental Protection with a verified statement of expenses so incurred during the preceding year. Upon receipt of such request on a form prescribed by the Commissioner of Environmental Protection said commissioner shall allow such expenses as said commissioner finds were reasonable and necessary and shall certify such amounts to the Comptroller for payment to the requesting town. If funds are insufficient to reimburse in full each town so applying, reimbursement shall be made on a pro rata basis. The determination of the amounts available for reimbursement under this subsection shall be made by the Commissioner of Environmental Protection annually in the month of November. (4) The balance of such revenue remaining after payment of the foregoing expenses shall be allocated for use of the several towns for boating safety education and for the construction, maintenance and improvement of boating facilities. Any town desiring to obtain such funds shall apply to the Commissioner of Environmental Protection, giving such information about the proposed use as said commissioner may require. Said

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commissioner may approve payment to any municipality, in amounts not exceeding two thousand dollars per town per year, upon satisfactory evidence that the proposed use has been approved as prescribed by law by the legislative body of the requesting town, that it is needed for the safety or convenience of the boating public, that it is not in conflict with any program planned or undertaken by any agency of the state and that it will not adversely affect any privately-owned and operated boating facility.

[(d)] (e) The Commissioners of Environmental Protection and Motor Vehicles shall annually on or before December thirty-first, submit separate reports to the joint standing committee of the General Assembly having cognizance of matters relating to state finance, revenue and bonding, on the operation of the boating account. The report shall contain a detailed statement of expenditures related to each of the purposes set forth in subsection (b) for the twelve-month period ending October thirty-first, a projected budget for such purposes for the next succeeding twelve-month period and recommendations, if any, concerning the operation of the account and the boating safety and enforcement programs.

Sec. 58. Subdivision (4) of subsection (a) of section 10-264i of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(4) For the fiscal year ending June 30, 2009, in addition to the grants otherwise provided pursuant to this section, the Commissioner of Education may provide supplemental transportation grants to regional educational service centers for the purposes of transportation to interdistrict magnet schools. Any such grant shall be provided within available appropriations and after the commissioner has reviewed and approved the total interdistrict magnet school transportation budget for a regional education service center, including all revenue and expenditure estimates. For the fiscal year ending June 30, 2010, in

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addition to the grants otherwise provided pursuant to this section, the Commissioner of Education, with the approval of the Secretary of the Office of Policy and Management, may provide supplemental transportation grants to the Hartford school district and the Capitol Region Education Council for the purposes of transportation of students who are not residents of Hartford to interdistrict magnet schools operated by the Capitol Region Education Council or the Hartford school district.

Sec. 59. Subsection (a) of section 17b-492 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Eligibility for participation in the program shall be limited to any resident (1) who is sixty-five years of age or older or who is disabled, (2) whose current annual income at the time of application or redetermination, if unmarried, is less than twenty thousand eight hundred dollars or whose annual income, if married, when combined with that of the resident's spouse is less than twenty-eight thousand one hundred dollars, (3) who is not insured under a policy which provides full or partial coverage for prescription drugs once a deductible is met, except for a Medicare prescription drug discount card endorsed by the Secretary of Health and Human Services in accordance with Public Law 108-173, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, or coverage under Medicare Part D pursuant to said act, and (4) on and after September 15, 1991, who pays an annual forty-five-dollar registration fee to the Department of Social Services. On January 1, 2012, and annually thereafter, the commissioner shall increase the income limits established under this subsection over those of the previous fiscal year to reflect the annual inflation adjustment in Social Security income, if any. Each such adjustment shall be determined to the nearest one hundred dollars. On and after October 1, 2009, new applications to

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participate in the ConnPACE program may be accepted only from the fifteenth day of November through the [thirtieth] thirty-first day of December each year, except that individuals may apply within thirty-one days of (A) reaching sixty-five years of age, or (B) becoming eligible for Social Security Disability Income or Supplemental Security Income.

Sec. 60. (NEW) (*Effective July 1, 2010*) The Commissioner of Social Services, pursuant to section 17b-10 of the general statutes, may implement policies and procedures to administer the provisions of this act while in the process of adopting such policies and procedures as regulation, provided the commissioner prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted.

Sec. 61. Section 17b-290 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

As used in sections 17b-289 to 17b-303, inclusive, as amended by this act, and section 16 of public act 97-1 of the October 29 special session:

(1) "Applicant" means an individual over the age of eighteen years who is a natural or adoptive parent or a legal guardian; a caretaker relative, foster parent or stepparent with whom the child resides; or a noncustodial parent under order of a court or family support magistrate to provide health insurance, who applies for coverage under the HUSKY Plan, Part B on behalf of a child and shall include a child who is eighteen years of age or emancipated in accordance with the provisions of sections 46b-150 to 46b-150e, inclusive, and who is applying on his own behalf or on behalf of a minor dependent for coverage under such plan;

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- (2) "Child" means an individual under nineteen years of age;
- (3) "Coinsurance" means the sharing of health care expenses by the insured and an insurer in a specified ratio;
- (4) "Commissioner" means the Commissioner of Social Services;
- (5) "Copayment" means a payment made on behalf of an enrollee for a specified service under the HUSKY Plan, Part B;
- (6) "Cost sharing" means arrangements made on behalf of an enrollee whereby an applicant pays a portion of the cost of health services, sharing costs with the state and includes copayments, premiums, deductibles and coinsurance;
- (7) "Deductible" means the amount of out-of-pocket expenses that would be paid for health services on behalf of an enrollee before becoming payable by the insurer;
- (8) "Department" means the Department of Social Services;
- (9) "Durable medical equipment" means durable medical equipment, as defined in Section 1395x(n) of the Social Security Act;
- (10) "Eligible beneficiary" means a child who meets the requirements specified in section 17b-292, as amended by this act, except a child excluded under the provisions of Subtitle J of Public Law 105-33 or a child of any municipal employee eligible for employer-sponsored insurance on or after October 30, 1997, provided a child of such a municipal employee may be eligible for coverage under the HUSKY Plan, Part B if dependent coverage was terminated due to an extreme economic hardship on the part of the employee, as determined by the commissioner;
- (11) "Enrollee" means an eligible beneficiary who receives services [from a managed care plan] under the HUSKY Plan, Part B;

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(12) "Family" means any combination of the following: (A) An individual; (B) the individual's spouse; (C) any child of the individual or such spouse; or (D) the legal guardian of any such child if the guardian resides with the child;

(13) "HUSKY Plan, Part A" means assistance provided to children, caretaker relatives and pregnant women pursuant to section 17b-261, as amended by this act, or 17b-277, as amended by this act;

(14) "HUSKY Plan, Part B" means the health insurance plan for children established pursuant to the provisions of sections 17b-289 to 17b-303, inclusive, as amended by this act, and section 16 of public act 97-1 of the October 29 special session;

[(15) "HUSKY Plus programs" means two supplemental health insurance programs established pursuant to section 17b-294 for medically eligible enrollees of the HUSKY Plan, Part B whose medical needs cannot be accommodated within the basic benefit package offered to enrollees. One program shall supplement coverage for those medically eligible enrollees with intensive physical health needs and the other program shall supplement coverage for those medically eligible enrollees with intensive behavioral health needs;]

[(16)] (15) "Income" means income as calculated in the same manner as under the Medicaid program pursuant to section 17b-261, as amended by this act;

[(17) "Managed care plan" means a plan offered by an entity that contracts with the department to provide benefits to enrollees on a prepaid basis;]

[(18)] (16) "Parent" means a natural parent, stepparent, adoptive parent, guardian or custodian of a child;

[(19)] (17) "Premium" means any required payment made by an

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individual to offset or pay in full the [capitation rate] cost under the HUSKY Plan, Part B;

[(20)] (18) "Preventive care and services" means: (A) Child preventive care, including periodic and interperiodic well-child visits, routine immunizations, health screenings and routine laboratory tests; (B) prenatal care, including care of all complications of pregnancy; (C) care of newborn infants, including attendance at high-risk deliveries and normal newborn care; (D) WIC evaluations; (E) child abuse assessment required under sections 17a-106a and 46b-129a; (F) preventive dental care for children; and (G) periodicity schedules and reporting based on the standards specified by the American Academy of Pediatrics;

[(21)] (19) "Primary and preventive health care services" means the services of licensed physicians, optometrists, nurses, nurse practitioners, midwives and other related health care professionals which are provided on an outpatient basis, including routine well-child visits, diagnosis and treatment of illness and injury, laboratory tests, diagnostic x-rays, prescription drugs, radiation therapy, chemotherapy, hemodialysis, emergency room services, and outpatient alcohol and substance abuse services, as defined by the commissioner;

[(22)] (20) "Qualified entity" means any entity: (A) Eligible for payments under a state plan approved under Medicaid and which provides medical services under the HUSKY Plan, Part A, or (B) that is a qualified entity, as defined in 42 USC 1396r-1a, as amended by Section 708 of Public Law 106-554 and that is determined by the commissioner to be capable of making the determination of eligibility. The commissioner shall provide qualified entities with such forms as are necessary for an application to be made on behalf of a child under the HUSKY Plan, Part A and information on how to assist parents, guardians and other persons in completing and filing such forms;

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[(23)] (21) "WIC" means the federal Special Supplemental Food Program for Women, Infants and Children administered by the Department of Public Health pursuant to section 19a-59c.

Sec. 62. Section 17b-292 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(a) A child who resides in a household with a family income which exceeds one hundred eighty-five per cent of the federal poverty level and does not exceed three hundred per cent of the federal poverty level may be eligible for subsidized benefits under the HUSKY Plan, Part B.

(b) A child who resides in a household with a family income over three hundred per cent of the federal poverty level may be eligible for unsubsidized benefits under the HUSKY Plan, Part B.

(c) Whenever a court or family support magistrate orders a noncustodial parent to provide health insurance for a child, such parent may provide for coverage under the HUSKY Plan, Part B.

(d) To the extent allowed under federal law, the commissioner shall not pay for services or durable medical equipment under the HUSKY Plan, Part B if the enrollee has other insurance coverage for the services or such equipment.

(e) A newborn child who otherwise meets the eligibility criteria for the HUSKY Plan, Part B shall be eligible for benefits retroactive to his or her date of birth, provided an application is filed on behalf of the child not later than thirty days after such date. Any uninsured child born in a hospital in this state or in a border state hospital shall be enrolled on an expedited basis in the HUSKY Plan, Part B, provided (1) the parent or caretaker relative of such child resides in this state, and (2) the parent or caretaker relative of such child authorizes enrollment

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in the program. The commissioner shall pay any premium cost such family would otherwise incur for the first four months of coverage. [to the managed care organization selected by the parent or caretaker relative to provide coverage for such child.]

(f) The commissioner shall implement presumptive eligibility for children applying for Medicaid. Such presumptive eligibility determinations shall be in accordance with applicable federal law and regulations. The commissioner shall adopt regulations, in accordance with chapter 54, to establish standards and procedures for the designation of organizations as qualified entities to grant presumptive eligibility. Qualified entities shall ensure that, at the time a presumptive eligibility determination is made, a completed application for Medicaid is submitted to the department for a full eligibility determination. In establishing such standards and procedures, the commissioner shall ensure the representation of state-wide and local organizations that provide services to children of all ages in each region of the state.

(g) The commissioner shall provide for a single point of entry servicer for applicants and enrollees under the HUSKY Plan, Part A and Part B. The commissioner, in consultation with the servicer, shall establish a centralized unit to be responsible for processing all applications for assistance under the HUSKY Plan, Part A and Part B. The department, through its servicer, shall ensure that a child who is determined to be eligible for benefits under the HUSKY Plan, Part A, or the HUSKY Plan, Part B has uninterrupted health insurance coverage for as long as the parent or guardian elects to enroll or re-enroll such child in the HUSKY Plan, Part A or Part B. The commissioner, in consultation with the servicer, and in accordance with the provisions of section 17b-297, as amended by this act, shall jointly market both Part A and Part B together as the HUSKY Plan and shall develop and implement public information and outreach

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activities with community programs. Such servicer shall electronically transmit data with respect to enrollment and disenrollment in the HUSKY Plan, Part A and Part B to the commissioner.

(h) Upon the expiration of any contractual provisions entered into pursuant to subsection (g) of this section, the commissioner shall develop a new contract for single point of entry services, [and managed care enrollment brokerage services.] The commissioner may enter into one or more contractual arrangements for such services for a contract period not to exceed seven years. Such contracts shall include performance measures, including, but not limited to, specified time limits for the processing of applications, parameters setting forth the requirements for a completed and reviewable application and the percentage of applications forwarded to the department in a complete and timely fashion. Such contracts shall also include a process for identifying and correcting noncompliance with established performance measures, including sanctions applicable for instances of continued noncompliance with performance measures.

(i) The single point of entry servicer shall send all applications and supporting documents to the commissioner for determination of eligibility. The servicer shall enroll eligible beneficiaries in the applicant's choice of [managed care plan. Upon] an administrative services organization. If there is more than one administrative services organization, upon enrollment in [a managed care plan] an administrative services organization, an eligible HUSKY Plan Part A or Part B beneficiary shall remain enrolled in such [managed care plan] organization for twelve months from the date of such enrollment unless (1) an eligible beneficiary demonstrates good cause to the satisfaction of the commissioner of the need to enroll in a different [managed care plan] organization, or (2) the beneficiary no longer meets program eligibility requirements.

(j) Not later than ten months after the determination of eligibility for

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benefits under the HUSKY Plan, Part A and Part B and annually thereafter, the commissioner or the servicer, as the case may be, shall, within existing budgetary resources, mail or, upon request of a participant, electronically transmit an application form to each participant in the plan for the purposes of obtaining information to make a determination on continued eligibility beyond the twelve months of initial eligibility. To the extent permitted by federal law, in determining eligibility for benefits under the HUSKY Plan, Part A or Part B with respect to family income, the commissioner or the servicer shall rely upon information provided in such form by the participant unless the commissioner or the servicer has reason to believe that such information is inaccurate or incomplete. The Department of Social Services shall annually review a random sample of cases to confirm that, based on the statistical sample, relying on such information is not resulting in ineligible clients receiving benefits under HUSKY Plan Part A or Part B. The determination of eligibility shall be coordinated with health plan open enrollment periods.

(k) The commissioner shall implement the HUSKY Plan, Part B while in the process of adopting necessary policies and procedures in regulation form in accordance with the provisions of section 17b-10.

(l) The commissioner shall adopt regulations, in accordance with chapter 54, to establish residency requirements and income eligibility for participation in the HUSKY Plan, Part B and procedures for a simplified mail-in application process. Notwithstanding the provisions of section 17b-257b, such regulations shall provide that any child adopted from another country by an individual who is a citizen of the United States and a resident of this state shall be eligible for benefits under the HUSKY Plan, Part B upon arrival in this state.

Sec. 63. Section 17b-300 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

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The applicant for an enrollee shall notify the [enrollee's managed care plan] Department of Social Services of any change in circumstance that could affect the enrollee's continued eligibility for coverage under the HUSKY Plan, Part B within thirty days of such change. An enrollee shall be disenrolled if the commissioner determines the enrollee is no longer eligible for participation in such plan for reasons including, but not limited to, those specified in section 17b-301 and the nonpayment of premiums.

Sec. 64. Section 17b-311 of the general statutes, as amended by section 11 of public act 10-3, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(a) There is established the Charter Oak Health Plan for the purpose of providing access to health insurance coverage for state residents who have been uninsured for at least six months and who are ineligible for other publicly funded health insurance plans. The Commissioner of Social Services may enter into contracts for the provision of comprehensive health care for such uninsured state residents. The commissioner shall conduct outreach to facilitate enrollment in the plan.

(b) The commissioner shall impose cost-sharing requirements in connection with services provided under the Charter Oak Health Plan. Such requirements may include, but not be limited to: (1) A monthly premium; (2) an annual deductible not to exceed one thousand dollars; (3) a coinsurance payment not to exceed twenty per cent after the deductible amount is met; (4) tiered copayments for prescription drugs determined by whether the drug is generic or brand name, formulary or nonformulary and whether purchased through mail order; (5) no fee for emergency visits to hospital emergency rooms; (6) a copayment not to exceed one hundred fifty dollars for nonemergency visits to hospital emergency rooms; and (7) a lifetime benefit not to exceed one million dollars.

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(c) (1) The Commissioner of Social Services shall provide premium assistance to eligible state residents whose gross annual income does not exceed three hundred per cent of the federal poverty level. Such premium assistance shall be limited to: (A) One hundred seventy-five dollars per month for individuals whose gross annual income is below one hundred fifty per cent of the federal poverty level; (B) one hundred fifty dollars per month for individuals whose gross annual income is at or above one hundred fifty per cent of the federal poverty level but not more than one hundred eighty-five per cent of the federal poverty level; (C) seventy-five dollars per month for individuals whose gross annual income is above one hundred eighty-five per cent of the federal poverty level but not more than two hundred thirty-five per cent of the federal poverty level; and (D) fifty dollars per month for individuals whose gross annual income is above two hundred thirty-five per cent of the federal poverty level but not more than three hundred per cent of the federal poverty level. Individuals insured under the Charter Oak Health Plan shall pay their share of payment for coverage in the plan directly to the insurer.

(2) Notwithstanding the provisions of this subsection, for the fiscal years ending June 30, 2010, and June 30, 2011, the Commissioner of Social Services shall only provide premium assistance to state residents who are eligible for such assistance and who are enrolled in the Charter Oak Health Plan on April 30, 2010.

(d) The Commissioner of Social Services shall determine minimum requirements on the amount, duration and scope of benefits under the Charter Oak Health Plan, except that there shall be no preexisting condition exclusion. Each participating insurer or administrative services organization shall provide an internal grievance process by which an [insured] enrollee in the Charter Oak Health Plan may request and be provided a review of a denial of coverage under the plan.

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[(e)] The Commissioner of Social Services may contract with the following entities for the purposes of this section: (1) A health care center subject to the provisions of chapter 698a; (2) a consortium of federally qualified health centers and other community-based providers of health services which are funded by the state; or (3) other consortia of providers of health care services established for the purposes of this section. Providers of comprehensive health care services as described in subdivisions (2) and (3) of this subsection shall not be subject to the provisions of chapter 698a. Any such provider shall be certified by the commissioner to participate in the Charter Oak Health Plan in accordance with criteria established by the commissioner, including, but not limited to, minimum reserve fund requirements.]

[(f)] (e) The Commissioner of Social Services shall seek proposals from entities described in subsection (e) of this section based on the cost sharing and benefits described in subsections (b) and (c) of this section. The commissioner may approve an alternative plan in order to make coverage options available to those eligible to be insured under the plan.

[(g)] (f) The Commissioner of Social Services, pursuant to section 17b-10, may implement policies and procedures to administer the provisions of this section while in the process of adopting such policies and procedures as regulation, provided the commissioner prints notice of the intent to adopt the regulation in the Connecticut Law Journal not later than twenty days after the date of implementation. Such policies shall be valid until the time final regulations are adopted and may include: (1) Exceptions to the requirement that a resident be uninsured for at least six months to be eligible for the Charter Oak Health Plan; and (2) requirements for open enrollment and limitations on the ability of enrollees to change plans between such open enrollment periods.

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Sec. 65. Subsection (b) of section 17b-29 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(b) Beginning September 1, 1997, at meetings scheduled by the council, the Commissioner of Social Services and the Labor Commissioner shall update the council on the implementation of the temporary family assistance program and the employment services program. The council shall submit recommendations to the department regarding, but not limited to, the availability of quality child care and the provision of seamless child care services, procedures for informing parents and teenagers about family planning and pregnancy prevention, client education regarding their rights and responsibilities, the effectiveness of child support enforcement, the effect of reduced exemptions, time limits and increased sanctions, the coordination with Medicaid [managed care] and health care reform measures and the fiscal impact of these program changes.

Sec. 66. Subsection (a) of section 17b-261 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(a) Medical assistance shall be provided for any otherwise eligible person whose income, including any available support from legally liable relatives and the income of the person's spouse or dependent child, is not more than one hundred forty-three per cent, pending approval of a federal waiver applied for pursuant to subsection (e) of this section, of the benefit amount paid to a person with no income under the temporary family assistance program in the appropriate region of residence and if such person is an institutionalized individual as defined in Section 1917(c) of the Social Security Act, 42 USC 1396p(c), and has not made an assignment or transfer or other disposition of property for less than fair market value for the purpose of establishing eligibility for benefits or assistance under this section.

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Any such disposition shall be treated in accordance with Section 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of property made on behalf of an applicant or recipient or the spouse of an applicant or recipient by a guardian, conservator, person authorized to make such disposition pursuant to a power of attorney or other person so authorized by law shall be attributed to such applicant, recipient or spouse. A disposition of property ordered by a court shall be evaluated in accordance with the standards applied to any other such disposition for the purpose of determining eligibility. The commissioner shall establish the standards for eligibility for medical assistance at one hundred forty-three per cent of the benefit amount paid to a family unit of equal size with no income under the temporary family assistance program in the appropriate region of residence. Except as provided in section 17b-277, as amended by this act, the medical assistance program shall provide coverage to persons under the age of nineteen with family income up to one hundred eighty-five per cent of the federal poverty level without an asset limit and to persons under the age of nineteen and their parents and needy caretaker relatives, who qualify for coverage under Section 1931 of the Social Security Act, with family income up to one hundred eighty-five per cent of the federal poverty level without an asset limit. Such levels shall be based on the regional differences in such benefit amount, if applicable, unless such levels based on regional differences are not in conformance with federal law. Any income in excess of the applicable amounts shall be applied as may be required by said federal law, and assistance shall be granted for the balance of the cost of authorized medical assistance. [All contracts entered into on and after July 1, 1997, pursuant to this section shall include provisions for collaboration of managed care organizations with the Nurturing Families Network established pursuant to section 17b-751b.] The Commissioner of Social Services shall provide applicants for assistance under this section, at the time of application, with a written statement advising them of (1) the effect of an assignment or transfer or other disposition of property

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on eligibility for benefits or assistance, (2) the effect that having income that exceeds the limits prescribed in this subsection will have with respect to program eligibility, and (3) the availability of, and eligibility for, services provided by the Nurturing Families Network established pursuant to section 17b-751b. Persons who are determined ineligible for assistance pursuant to this section shall be provided a written statement notifying such persons of their ineligibility and advising such persons of the availability of HUSKY Plan, Part B health insurance benefits.

Sec. 67. Subsection (e) of section 17b-274d of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(e) The Department of Social Services, in consultation with the Pharmaceutical and Therapeutics Committee, may adopt preferred drug lists for use in the Medicaid, state-administered general assistance and ConnPACE programs. [The Department of Social Services, upon entering into a contract for the provision of prescription drug coverage to medical assistance recipients receiving services in a managed care setting as provided by section 17b-266a, shall in consultation with the Pharmaceutical and Therapeutics Committee, expand the preferred drug list for use in the HUSKY Plan, Part A and Part B.] To the extent feasible, the department shall review all drugs included on the preferred drug lists at least every twelve months, and may recommend additions to, and deletions from, the preferred drug lists, to ensure that the preferred drug lists provide for medically appropriate drug therapies for Medicaid, state-administered general assistance and ConnPACE patients. For the fiscal year ending June 30, 2004, such drug lists shall be limited to use in the Medicaid and ConnPACE programs and cover three classes of drugs, including proton pump inhibitors and two other classes of drugs determined by the Commissioner of Social Services. Not later than June 30, 2005, the

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Department of Social Services, in consultation with the Pharmaceutical and Therapeutic Committee shall expand such drug lists to include other classes of drugs, except as provided in subsection (f) of this section, in order to achieve savings reflected in the amounts appropriated to the department, for the various components of the program, in the state budget act.

Sec. 68. Subsection (a) of section 17b-297 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(a) The commissioner, in consultation with the Children's Health Council, the [Medicaid Managed Care] Council on Medicaid Care Management Oversight and the 2-1-1 Infoline program, shall develop mechanisms to increase outreach and maximize enrollment of eligible children and adults in the HUSKY Plan, Part A or Part B, including, but not limited to, development of mail-in applications and appropriate outreach materials through the Department of Revenue Services, the Labor Department, the Department of Social Services, the Department of Public Health, the Department of Children and Families and the Office of Protection and Advocacy for Persons with Disabilities. Such mechanisms shall seek to maximize federal funds where appropriate for such outreach activities.

Sec. 69. Section 17b-306a of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(a) The Commissioner of Social Services, in collaboration with the Commissioners of Public Health and Children and Families, shall establish a child health quality improvement program for the purpose of promoting the implementation of evidence-based strategies by providers participating in the HUSKY Plan, Part A and Part B to improve the delivery of and access to children's health services. Such

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strategies shall focus on physical, dental and mental health services and shall include, but need not be limited to: (1) Methods for early identification of children with special health care needs; (2) integration of care coordination and care planning into children's health services; (3) implementation of standardized data collection to measure performance improvement; and (4) implementation of family-centered services in patient care, including, but not limited to, the development of parent-provider partnerships. The Commissioner of Social Services shall seek the participation of public and private entities that are dedicated to improving the delivery of health services, including medical, dental and mental health providers, academic professionals with experience in health services research and performance measurement and improvement, and any other entity deemed appropriate by the Commissioner of Social Services, to promote such strategies. The commissioner shall ensure that such strategies reflect new developments and best practices in the field of children's health services. As used in this section, "evidence-based strategies" means policies, procedures and tools that are informed by research and supported by empirical evidence, including, but not limited to, research developed by organizations such as the American Academy of Pediatrics, the American Academy of Family Physicians, the National Association of Pediatric Nurse Practitioners and the Institute of Medicine.

(b) Not later than July 1, 2008, and annually thereafter, the Commissioner of Social Services shall report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health and appropriations, and to the [Medicaid Managed Care] Council on Medicaid Care Management Oversight on (1) the implementation of any strategies developed pursuant to subsection (a) of this section, and (2) the efficacy of such strategies in improving the delivery of and access to health services for children enrolled in the

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HUSKY Plan.

(c) The Commissioner of Social Services, in collaboration with the [Medicaid Managed Care] Council on Medicaid Care Management Oversight, shall, subject to available appropriations, prepare, annually, a report concerning health care choices under the HUSKY Plan, Part A. Such report shall include, but not be limited to, a comparison of the performance of each managed care organization, the primary care case management program and other member service delivery choices. The commissioner shall provide a copy of each report to all HUSKY Plan, Part A members.

Sec. 70. Section 19a-45b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

On or after January 1, 2007, and within any available federal or private funds, the Commissioner of Public Health, in consultation with the [Medicaid managed care organizations administering the HUSKY Plan, Part A, as defined in section 17b-290] Commissioner of Social Services, may establish a medical home pilot program in one region of the state to be determined by said commissioner in order to enhance health outcomes for children, including children with special health care needs, by ensuring that each child has a primary care physician who will provide continuous comprehensive health care for such child. Said commissioner may solicit and accept private funds to implement such pilot program.

Sec. 71. Section 17a-22j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(a) There is established a Behavioral Health Partnership Oversight Council which shall advise the Commissioners of Children and Families and Social Services on the planning and implementation of the Behavioral Health Partnership.

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(b) The council shall consist of the following members:

(1) Four appointed by the speaker of the House of Representatives; two of whom are representatives of general or specialty psychiatric hospitals; one of whom is an adult with a psychiatric disability; and one of whom is an advocate for adults with psychiatric disabilities;

(2) Four appointed by the president pro tempore of the Senate, two of whom are parents of children who have a behavioral health disorder or have received child protection or juvenile justice services from the Department of Children and Families; one of whom has expertise in health policy and evaluation; and one of whom is an advocate for children with behavioral health disorders;

(3) Two appointed by the majority leader of the House of Representatives; one of whom is a primary care provider serving children pursuant to the HUSKY Plan; and one of whom is a child psychiatrist serving children pursuant to the HUSKY Plan;

(4) Two appointed by the majority leader of the Senate; one of whom is either an adult with a substance use disorder or an advocate for adults with substance use disorders; and one of whom is a representative of school-based health clinics;

(5) Two appointed by the minority leader of the House of Representatives; one of whom is a provider of community-based behavioral health services for adults; and one of whom is a provider of residential treatment for children;

(6) [Two] One appointed by the minority leader of the Senate [; one of whom] who is a provider of community-based services for children with behavioral health problems; [and one of whom is a member of the advisory council on Medicaid managed care;]

(7) Four appointed by the Governor; two of whom are

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representatives of general or specialty psychiatric hospitals and two of whom are parents of children who have a behavioral health disorder or have received child protection or juvenile justice services from the Department of Children and Families;

(8) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health, appropriations and the budgets of state agencies, or their designees;

(9) A member of the Community Mental Health Strategy Board, established pursuant to section 17a-485b, as selected by said board;

(10) The Commissioner of Mental Health and Addiction Services, or said commissioner's designee;

(11) Seven nonvoting ex-officio members, one each appointed by the Commissioners of Social Services, Children and Families, Mental Health and Addiction Services and Education to represent his or her department and one appointed by the State Comptroller [,) and the Secretary of the Office of Policy and Management [and the Office of Health Care Access] to represent said offices;

(12) One or more consumers appointed by the chairpersons of the council, to be nonvoting ex-officio members; and

(13) One representative from [the] each administrative services organization [and from each Medicaid managed care organization] under contract with the Department of Social Services to provide such services for recipients of assistance under Medicaid, Husky Plan, Part A and Part B and the Charter Oak Health Plan, to be nonvoting ex-officio members.

(c) All appointments to the council shall be made no later than July 1, 2005, except that the chairpersons of the council may appoint

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additional consumers to the council as nonvoting ex-officio members. Any vacancy shall be filled by the appointing authority.

(d) [The chairpersons of the advisory council on Medicaid managed care] On or after July 1, 2010, the members of the Behavioral Health Partnership Oversight Council shall select the chairpersons of the [Behavioral Health Partnership Oversight Council] council from among the members of [such oversight] the council. Such chairpersons shall convene the first meeting of the council, which shall be held not later than August 1, 2005. The council shall meet at least monthly thereafter.

(e) The Joint Committee on Legislative Management shall provide administrative support to the chairpersons and assistance in convening the council's meetings.

(f) The council shall make specific recommendations on matters related to the planning and implementation of the Behavioral Health Partnership which shall include, but not be limited to: (1) Review of any contract entered into by the Departments of Children and Families and Social Services with an administrative services organization, to assure that the administrative services organization's decisions are based solely on clinical management criteria developed by the clinical management committee established in section 17a-22k; (2) review of behavioral health services pursuant to Title XIX and Title XXI of the Social Security Act to assure that federal revenue is being maximized; and (3) review of periodic reports on the program activities, finances and outcomes, including reports from the director of the Behavioral Health Partnership on achievement of service delivery system goals, pursuant to section 17a-22i. The council may conduct or cause to be conducted an external, independent evaluation of the Behavioral Health Partnership.

(g) On or before March 1, 2006, and annually thereafter, the council

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shall submit a report to the Governor and, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health and appropriations and the budgets of state agencies, on the council's activities and progress.

Sec. 72. Subsection (f) of section 17a-22p of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(f) The Behavioral Health Partnership shall establish policies to coordinate benefits received under the partnership with [those] other benefits received [through] under Medicaid. [managed care organizations for persons covered by both a Medicaid managed care organization and the Behavioral Health Partnership.] Such policies shall specify a coordinated delivery of both physical and behavioral health care. The policies shall be submitted to the Behavioral Health Partnership Oversight Council for review and comment.

Sec. 73. Section 17b-277 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(a) The Commissioner of Social Services shall provide, in accordance with federal law and regulations, medical assistance under the Medicaid program to needy pregnant women whose families have an income not exceeding two hundred fifty per cent of the federal poverty level.

(b) The commissioner shall implement presumptive eligibility for appropriate pregnant women applicants for the Medicaid program in accordance with Section 1920 of the Social Security Act. The commissioner shall designate qualified entities to receive and determine presumptive eligibility under this section consistent with

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the provisions of federal law and regulations.

(c) On or before September 30, 2007, the Commissioner of Social Services shall submit a state plan amendment or, if required by the federal government, seek a waiver under federal law to provide health insurance coverage to pregnant women, who do not otherwise have creditable coverage, as defined in 42 USC 300gg(c), and who have income above one hundred eighty-five per cent of the federal poverty level but not in excess of two hundred fifty per cent of the federal poverty level. Following approval of such state plan amendment or approval of such waiver application, the commissioner, on or before January 1, 2008, shall implement the provisions of subsections (a) and (b) of this section.

(d) Presumptive eligibility for medical assistance shall be implemented for any uninsured newborn child born in a hospital in this state or a border state hospital, provided (1) the parent or caretaker relative of such child resides in this state, and (2) the parent or caretaker relative of such child authorizes enrollment in the program.

[(e) The commissioner shall submit biannual reports to the council, established pursuant to section 17b-28, on the department's compliance with the administrative processing requirements set forth in subsection (b) of this section.]

Sec. 74. Subsection (c) of section 17b-28e of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(c) Each [managed] care management organization that enters into a contract with the Department of Social Services to provide foreign language interpreter services under the HUSKY Plan, Part A shall report, semi-annually, to the department on the interpreter services

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provided to recipients of benefits under the program. Such written reports shall be submitted to the department not later than June first and December thirty-first each year. Not later than thirty days after receipt of such report, the department shall submit a copy of the report, in accordance with the provisions of section 11-4a, to the [Medicaid Managed Care] Council on Medicaid Care Management Oversight.

Sec. 75. Section 17b-28f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

On and after July 1, 2002, each [managed] care management subcontractor paying claims for mental health or dental care paid by a Medicaid [managed] care management plan shall submit a report on a quarterly basis to the Commissioner of Social Services on the proportion and amount of its monthly payment received from the plan which has been (1) paid directly to providers of health services, and (2) used by the subcontractor for its own administrative costs and profit.

Sec. 76. Section 17b-221a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

For the fiscal year ending June 30, 2002, and each fiscal year thereafter, revenue received by the Department of Administrative Services-Financial Services Center/Collections from Medicaid [managed] care management plans for services performed at Riverview Hospital shall be deposited in the General Fund and credited to a nonlapsing account in the Department of Social Services and shall be available for expenditure by the Department of Social Services for the payment of Medicaid claims.

Sec. 77. Subsection (c) of section 17b-261i of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

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(c) The commissioner shall submit a report to the [Medicaid Managed Care] Council on Medicaid Care Management Oversight, not later than thirty days after making any policy change pursuant to this section.

Sec. 78. Subsection (a) of section 17b-265 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2010*):

(a) In accordance with 42 USC 1396k, the Department of Social Services shall be subrogated to any right of recovery or indemnification that an applicant or recipient of medical assistance or any legally liable relative of such applicant or recipient has against an insurer or other legally liable third party including, but not limited to, a self-insured plan, group health plan, as defined in Section 607(1) of the Employee Retirement Income Security Act of 1974, service benefit plan, managed care organization, health care center, pharmacy benefit manager, dental benefit manager or other party that is, by statute, contract or agreement, legally responsible for payment of a claim for a health care item or service, for the cost of all health care items or services furnished to the applicant or recipient, including, but not limited to, hospitalization, pharmaceutical services, physician services, nursing services, behavioral health services, long-term care services and other medical services, not to exceed the amount expended by the department for such care and treatment of the applicant or recipient. In the case of such a recipient who is an enrollee in a [managed] care management organization under a Medicaid [managed] care management contract with the state or a legally liable relative of such an enrollee, the department shall be subrogated to any right of recovery or indemnification which the enrollee or legally liable relative has against such a private insurer or other third party for the medical costs incurred by the [managed] care management organization on behalf of an enrollee.

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Sec. 79. Subsection (d) of section 17b-112 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) Under said program (1) no family shall be eligible that has total gross earnings exceeding the federal poverty level, however, in the calculation of the benefit amount for eligible families and previously eligible families that become ineligible temporarily because of receipt of workers' compensation benefits by a family member who subsequently returns to work immediately after the period of receipt of such benefits, earned income shall be disregarded up to the federal poverty level; and (2) the increase in benefits to a family in which an infant is born after the initial ten months of participation in the program shall be limited to an amount equal to fifty per cent of the average incremental difference between the amounts paid per each family size. [; and (3) a disqualification penalty shall be established for failure to cooperate with the biometric identifier system.] Except when determining eligibility for a six-month extension of benefits pursuant to subsection (c) of this section, the commissioner shall disregard the first fifty dollars per month of income attributable to current child support that a family receives in determining eligibility and benefit levels for temporary family assistance. Any current child support in excess of fifty dollars per month collected by the department on behalf of an eligible child shall be considered in determining eligibility but shall not be considered when calculating benefits and shall be taken as reimbursement for assistance paid under this section, except that when the current child support collected exceeds the family's monthly award of temporary family assistance benefits plus fifty dollars, the current child support shall be paid to the family and shall be considered when calculating benefits.

Sec. 80. Section 17b-30 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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(a) For purposes of this section, "biometric identifier system" means a system which allows for the recognition of an individual through retinal scanning, finger-imaging, hand geometry or facial recognition. The Commissioner of Social Services and the Commissioner of Motor Vehicles shall examine available biometric identifier systems and to the greatest extent possible, select a system which is compatible with the systems of surrounding states. The Commissioner of Social Services may enter into a memorandum of understanding with the Commissioner of Motor Vehicles for the Department of Motor Vehicles to provide the hardware, software, equipment maintenance, technical training and other resources deemed necessary by the commissioner to establish said system.

[(b) At the conclusion or cancellation of the contract entered into pursuant to the memorandum of understanding in subsection (a) of this section, the Commissioner of Social Services may extend the contract for not more than one year, provided, no later than one year after such conclusion or cancellation, the commissioner shall issue a request for proposals for providing the hardware, software, equipment maintenance, technical training and other resources deemed necessary by the commissioner to maintain or improve said system. The subsequent contract for providing the resources for said system shall be awarded pursuant to section 4a-59 and shall begin no later than one year after such conclusion or cancellation.]

[(c)] (b) Said system shall be utilized for office use only in [the following programs: (1) Temporary family assistance; and (2) any other program] programs to be determined at the discretion of the Commissioner of Social Services.

[(d)] (c) A recipient of a program utilizing said system pursuant to subsection (b) of this section shall participate in said system or be subject to disqualification from such program. The commissioner shall have the authority to exempt a recipient from participation in said

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system.

[(e) The implementation of said system shall begin on or before January 1, 1996. The schedule of such implementation shall be determined by the Commissioner of Social Services.]

[(f)] (d) Biometric identifier information obtained pursuant to subsection (d) of this section shall be the proprietary information of the Department of Social Services and shall not be released or made available to any agency or organization and shall not be used for any purpose other than identification or fraud prevention in this or any other state, except that such information may be made available to the office of the Chief State's Attorney if necessary for the prosecution of fraud discovered pursuant to the biometric identifier system established in subsection (a) of this section or in accordance with section 17b-90. The penalty for a violation of this subsection shall be up to a five-thousand-dollar fine or five years' imprisonment or both and the cost of prosecution.

[(g) The Commissioner of Social Services shall report to the joint standing committee of the General Assembly having cognizance of matters relating to human services, in accordance with the provisions of section 11-4a, on or before January 1, 1997, and annually thereafter, through January 1, 2004, the following information: (1) The number of recipients participating in said system; (2) the number of recipients whose benefits have been discontinued due to their failure to participate in said system; (3) the cost of implementation and operation of said system; (4) the amount of savings attributed to the establishment and operation of said system; and (5) the compatibility of said system with biometric systems being utilized in surrounding states. The commissioner shall issue a final report on the implementation of a biometric identifier system not later than January 1, 2004.]

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Sec. 81. Subsection (b) of section 8 of public act 10-104 is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The proceeds of the sale of the bond issuance described in subsection (a) of this section shall be used by the Office of Policy and Management, in consultation with the chairperson of the Board of Trustees of the university, for the purpose of the UConn health network initiatives in the following manner: (1) ~~[Twenty]~~ Five million dollars of such proceeds shall be used ~~[to fulfill the initiatives]~~ by Hartford Hospital to develop a simulation and conference center on the Hartford Hospital campus [,] to be run exclusively by Hartford Hospital, (2) five million dollars of such proceeds shall be used to fulfill the initiative for a primary care institute on the Saint Francis Hospital and Medical Center campus, (3) ten million dollars of such proceeds shall be used to fulfill the initiatives for an institute for clinical and translational science on The University of Connecticut Health Center campus, a comprehensive cancer center and The University of Connecticut-sponsored health disparities institute; ~~[(2)]~~ (4) three million dollars of such proceeds shall be used to fulfill the initiatives to develop The Connecticut Institute for Nursing Excellence at The University of Connecticut at Storrs; ~~[(3)]~~ (5) five million dollars of such proceeds shall be used to fulfill the initiatives for the planning, design, land acquisition, development and construction of (A) a cancer treatment center to be constructed by, or in partnership with, The Hospital of Central Connecticut, provided such cancer treatment center is located entirely within the legal boundaries of the city of New Britain, (B) renovations and upgrades to the oncology unit at The Hospital of Central Connecticut, and (C) if certificate of need approval is received pursuant to the provisions of subsection (b) of section 10 of [this act] public act 10-104, a Permanent Regional Phase One Clinical Trials Unit located at The Hospital of Central Connecticut in New Britain; and ~~[(4)]~~ (6) two million dollars of such proceeds shall be used to fulfill the initiatives for patient room renovations at Bristol Hospital.

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In the event that the cancer treatment center authorized pursuant to subdivision [(3)] (5) of this subsection is built in whole or in part outside the legal boundaries of the city of New Britain, The Hospital of Central Connecticut shall repay the entire amount of the proceeds used to fulfill the initiatives for the planning, design, development and construction of such center.

Sec. 82. Subsection (d) of section 34 of public act 09-2 of the September special session, as amended by section 345 of public act 10-44, is amended to read as follows (*Effective July 1, 2010*):

For the Department of Public Health: Grants-in-aid, not exceeding \$6,000,000, (1) for hospital-based emergency service facilities, (2) to community health centers and primary care organizations for the purchase of equipment, renovations, improvements and expansion of facilities, including acquisition of land or buildings, (3) to Community Health Center, Inc. for renovations and improvements at the New London facility, not exceeding \$1,000,000, and (4) for enhancements to the accessibility and efficiency of health care services in the city of Hartford, not exceeding \$3,000,000, provided the State Bond Commission shall not allocate the funds pursuant to this subdivision until such time as the full amount of the federal private or nonstate money described in subdivision (1) of subsection (e) of section 10a-109e of the general statutes is made available and said commission has allocated the bonds authorized for UConn health network initiatives pursuant to section 8 of public act 10-104, and provided (A) one million dollars shall be made available to Charter Oak Health Center, Inc. for the purchase of medical equipment to provide electronic medical records and develop access to remote treatment and training centers, (B) one million dollars shall be made available to Community Health Services, Inc. for the purchase of medical equipment to provide electronic medical records and develop access to remote treatment and training centers, and (C) one million dollars shall be made available to

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the Hispanic Health Council for renovation and repairs.

Sec. 83. Section 19a-630 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

As used in this chapter, unless the context otherwise requires:

[(1) "Health care facility or institution" means any facility or institution engaged primarily in providing services for the prevention, diagnosis or treatment of human health conditions, including, but not limited to: Outpatient clinics; outpatient surgical facilities; imaging centers; home health agencies and mobile field hospitals, as defined in section 19a-490; clinical laboratory or central service facilities serving one or more health care facilities, practitioners or institutions; hospitals; nursing homes; rest homes; nonprofit health centers; diagnostic and treatment facilities; rehabilitation facilities; and mental health facilities. "Health care facility or institution" includes any parent company, subsidiary, affiliate or joint venture, or any combination thereof, of any such facility or institution, but does not include any health care facility operated by a nonprofit educational institution solely for the students, faculty and staff of such institution and their dependents, or any Christian Science sanatorium operated, or listed and certified, by the First Church of Christ, Scientist, Boston, Massachusetts.

(2) "State health care facility or institution" means a hospital or other such facility or institution operated by the state providing services which are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC Section 301 et seq., as amended.

(3) "Office" means the Office of Health Care Access division of the Department of Public Health.

(4) "Commissioner" means the Commissioner of Public Health.

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(5) "Person" has the meaning assigned to it in section 4-166.]

(1) "Affiliate" means a person, entity or organization controlling, controlled by or under common control with another person, entity or organization. Affiliate does not include a medical foundation organized under chapter 594b.

(2) "Applicant" means any person or health care facility that applies for a certificate of need pursuant to section 19a-639a, as amended by this act.

(3) "Bed capacity" means the total number of inpatient beds in a facility licensed by the Department of Public Health under sections 19a-490 to 19a-503, inclusive, as amended by this act.

(4) "Capital expenditure" means an expenditure that under generally accepted accounting principles consistently applied is not properly chargeable as an expense of operation or maintenance and includes acquisition by purchase, transfer, lease or comparable arrangement, or through donation, if the expenditure would have been considered a capital expenditure had the acquisition been by purchase.

(5) "Certificate of need" means a certificate issued by the office.

(6) "Days" means calendar days.

(7) "Deputy commissioner" means the deputy commissioner of Public Health who oversees the Office of Health Care Access division of the Department of Public Health.

(8) "Commissioner" means the Commissioner of Public Health.

(9) "Free clinic" means a private, nonprofit community-based organization that provides medical, dental, pharmaceutical or mental health services at reduced cost or no cost to low-income, uninsured and underinsured individuals.

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(10) "Health care facility" means (A) hospitals licensed by the Department of Public Health under chapter 368v; (B) specialty hospitals; (C) freestanding emergency departments; (D) outpatient surgical facilities, as defined in section 19a-493b, as amended by this act, and licensed under chapter 368v; (E) a hospital or other facility or institution operated by the state that provides services that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended; (F) a central service facility; (G) mental health facilities; (H) substance abuse treatment facilities; and (I) any other facility requiring certificate of need review pursuant to subsection (a) of section 19a-638, as amended by this act. "Health care facility" includes any parent company, subsidiary, affiliate or joint venture, or any combination thereof, of any such facility.

(11) "Nonhospital based" means located at a site other than the main campus of the hospital.

(12) "Office" means the Office of Health Care Access division within the Department of Public Health.

(13) "Person" means any individual, partnership, corporation, limited liability company, association, governmental subdivision, agency or public or private organization of any character, but does not include the agency conducting the proceeding.

(14) "Transfer of ownership" means a transfer that impacts or changes the governance or controlling body of a health care facility or institution, including, but not limited to, all affiliations, mergers or any sale or transfer of net assets of a health care facility.

Sec. 84. Section 19a-630a of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

[As used in sections 19a-638 to 19-639c, inclusive, "affiliate" means a

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person, entity or organization controlling, controlled by or under common control with another person, entity or organization. In addition to other means of being controlled, a person] For purposes of this chapter, an affiliate is deemed controlled by another person if the other person, or one of that other person's affiliates, officers or management employees, acting in such capacity, acts as a general partner of a general or limited partnership or manager of a limited liability company. ["Affiliate" does not include a medical foundation organized under sections 33-182aa to 33-182ff, inclusive.]

Sec. 85. Section 19a-634 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) The Office of Health Care Access shall conduct, on an annual basis, a state-wide health care facility utilization study. Such study shall include, but not be limited to, an assessment of: (1) Current availability and utilization of acute hospital care, hospital emergency care, specialty hospital care, outpatient surgical care, primary care and clinic care; (2) geographic areas and subpopulations that may be underserved or have reduced access to specific types of health care services; and (3) other factors that the office deems pertinent to health care facility utilization. Not later than June thirtieth of each year, the Commissioner of Public Health shall report, in accordance with section 11-4a, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health and human services on the findings of the study. Such report may also include the office's recommendations for addressing identified gaps in the provision of health care services and recommendations concerning a lack of access to health care services.

(b) The office, in consultation with such other state agencies as the Commissioner of Public Health deems appropriate, shall establish and maintain a state-wide health care facilities and services plan. Such plan

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may include, but not be limited to: (1) An assessment of the availability of acute hospital care, hospital emergency care, specialty hospital care, outpatient surgical care, primary care, and clinic care; (2) an evaluation of the unmet needs of persons at risk and vulnerable populations as determined by the commissioner; (3) a projection of future demand for health care services and the impact that technology may have on the demand, capacity or need for such services; and (4) recommendations for the expansion, reduction or modification of health care facilities or services. In the development of the plan, the office shall consider the recommendations of any advisory bodies which may be established by the commissioner. The commissioner may also incorporate the recommendations of authoritative organizations whose mission is to promote policies based on best practices or evidence-based research. The commissioner, in consultation with hospital representatives, shall develop a process that encourages hospitals to incorporate the state-wide health care facilities and services plan into hospital long-range planning and shall facilitate communication between appropriate state agencies concerning innovations or changes that may affect future health planning. The office shall update the state-wide health care facilities and services plan on or before July 1, 2012, and every five years thereafter. [Said plan shall be considered part of the state health plan for purposes of office deliberations pursuant to section 19a-637.]

(c) For purposes of conducting the state-wide health care facility utilization study and preparing the state-wide health care facilities and services plan, the office shall establish and maintain an inventory of all health care facilities, the equipment identified in subdivisions (8) and (9) of subsection (a) of section 19a-638, as amended by this act, and services in the state, including health care facilities that are exempt from certificate of need requirements under subsection (b) of section 19a-638, as amended by this act. The office shall develop an inventory questionnaire to obtain the following information: (1) The name and location of the facility; (2) the type of facility; (3) the hours of operation;

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(4) the type of services provided at that location; and (5) the total number of clients, treatments, patient visits, procedures performed or scans performed in a calendar year. The inventory shall be completed biennially by health care facilities and providers and such health care facilities and providers shall not be required to provide patient specific or financial data.

Sec. 86. Section 19a-637 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

[(a) In any of its deliberations involving a proposal, request or submission regarding (1) services provided by a health care facility or institution under section 19a-638; (2) capital expenditures by a health care facility under section 19a-639; and (3) the acquisition of equipment by a person, provider, health care facility or institution under section 19a-639, the office shall take into consideration and make written findings concerning each of the following principles and guidelines: The relationship of the proposal, request or submission to the state health plan pursuant to section 19a-7; the relationship of the proposal, request or submission to the applicant's long-range plan; the financial feasibility of the proposal, request or submission and its impact on the applicant's rates and financial condition; the impact of such proposal, request or submission on the interests of consumers of health care services and the payers for such services; the contribution of such proposal, request or submission to the quality, accessibility and cost-effectiveness of health care delivery in the region; whether there is a clear public need for any proposal or request; whether the health care facility or institution is competent to provide efficient and adequate service to the public in that such health care facility or institution is technically, financially and managerially expert and efficient; that rates be sufficient to allow the health care facility or institution to cover its reasonable capital and operating costs; the relationship of any

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proposed change to the applicant's current utilization statistics; the teaching and research responsibilities of the applicant; the special characteristics of the patient-physician mix of the applicant; the voluntary efforts of the applicant in improving productivity and containing costs; and any other factors which the office deems relevant, including, in the case of a facility or institution as defined in subsection (c) of section 19a-490, such factors as, but not limited to, the business interests of all owners, partners, associates, incorporators, directors, sponsors, stockholders and operators and the personal backgrounds of such persons. Whenever the granting, modification or denial of a request is inconsistent with the state health plan, a written explanation of the reasons for the inconsistency shall be included in the decision.

(b) Any data submitted to or obtained or compiled by the office with respect to its deliberations under sections 19a-637 to 19a-639e, inclusive, with respect to nursing homes, licensed under chapter 368v, shall be made available to the Department of Public Health.

(c) Notwithstanding the provisions of subsection (a) of this section, the office shall not direct or control the use of the following resources of any hospital: The principal and all income from restricted and unrestricted grants, gifts, contributions, bequests and endowments.]

The office shall promote effective health planning in the state. In carrying out its assigned duties, the office shall promote the provision of quality health care in a manner that ensures access for all state residents to cost-effective services so as to avoid duplication of health services and improve the availability and financial stability of health care services throughout the state.

Sec. 87. Section 19a-638 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

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[(a) Except as provided in sections 19a-487a and 19a-639a to 19a-639c, inclusive:

(1) Each health care facility or institution, that intends to (A) transfer its ownership or control, (B) change the governing powers of the board of a parent company or an affiliate, whatever its designation, or (C) change or transfer the powers or control of a governing or controlling body of an affiliate, shall submit to the office, prior to the proposed date of such transfer, or change, a request for permission to undertake such transfer or change. For purposes of this section and section 19a-639b, "transfer its ownership or control" means a transfer that impacts or changes the governance or controlling body of a health care facility or institution, including, but not limited to, all affiliations, mergers or any sale or transfer of net assets of a health care facility or institution.

(2) Each health care facility or institution or state health care facility or institution, including any inpatient rehabilitation facility, which intends to introduce any additional function or service into its program of health care shall submit to the office, prior to the proposed date of the institution of such function or service, a request for permission to undertake such function or service.

(3) Each health care facility or institution or state health care facility or institution which intends to terminate a health service offered by such facility or institution or reduce substantially its total bed capacity, shall submit to the office, prior to the proposed date of such termination or decrease, a request to undertake such termination or decrease.

(4) Except as provided in sections 19a-639a to 19a-639c, inclusive, each applicant, prior to submitting a certificate of need application under this section or section 19a-639, or under both sections, shall submit a request, in writing, for application forms and instructions to the office. The request shall be known as a letter of intent. A letter of

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intent shall include: (A) The name of the applicant or applicants; (B) a statement indicating whether the application is for (i) a new, replacement or additional facility, service or function, (ii) the expansion or relocation of an existing facility, service or function, (iii) a transfer of its ownership or control, (iv) a termination of a service or a reduction in total bed capacity and the bed type, (v) any new or additional beds and their type, (vi) a capital expenditure over three million dollars, (vii) the purchase, lease or donation acceptance of major medical equipment costing over three million dollars, (viii) a CT scanner, PET scanner, PET/CT scanner or MRI scanner, a linear accelerator or other similar equipment utilizing technology that is new or being introduced into the state, or (ix) any combination thereof; (C) the estimated capital cost, value or expenditure; (D) the town where the project is or will be located; and (E) a brief description of the proposed project. The office shall provide public notice of any complete letter of intent submitted under this section or section 19a-639, or both, by publication in a newspaper having a substantial circulation in the area served or to be served by the applicant. Such notice shall be submitted for publication not later than twenty-one days after the date the office determines that a letter of intent is complete. No certificate of need application will be considered submitted to the office unless a current letter of intent, specific to the proposal and in compliance with this subsection, has been on file with the office for not less than sixty days. A current letter of intent is a letter of intent that has been on file at the office up to and including one hundred twenty days, except that an applicant may request a one-time extension of a letter of intent of up to an additional thirty days for a maximum total of up to one hundred fifty days if, prior to the expiration of the current letter of intent, the office receives a written request to so extend the letter of intent's current status. The extension request shall fully explain why an extension is requested. The office shall accept or reject the extension request not later than seven days from the date the office receives such request and shall so notify the

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applicant.

(b) The office shall make such review of a request made pursuant to subdivision (1), (2) or (3) of subsection (a) of this section as it deems necessary. In the case of a health care facility or institution that intends to transfer its ownership or control, the review shall include, but not be limited to, the financial responsibility and business interests of the transferee and the ability of the institution to continue to provide needed services or, in the case of the introduction of a new or additional function or service expansion or the termination of a service or function, ascertaining the availability of such service or function at other inpatient rehabilitation facilities, health care facilities or institutions or state health care facilities or institutions or other providers within the area to be served, the need for such service or function within such area and any other factors which the office deems relevant to a determination of whether the facility or institution is justified in introducing or terminating such functions or services into or from its program. The office shall grant, modify or deny such request no later than ninety days after the date of receipt of a complete application, except as provided for in this section. Upon the request of the applicant, the review period may be extended for an additional fifteen days if the office has requested additional information subsequent to the commencement of the review period. The commissioner, or the commissioner's designee, may extend the review period for a maximum of thirty days if the applicant has not filed in a timely manner information deemed necessary by the office. Failure of the office to act on such request within such review period shall be deemed approval thereof. The ninety-day review period, pursuant to this subsection, for an application filed by a hospital, as defined in section 19a-490, and licensed as a short-term acute-care general hospital or children's hospital by the Department of Public Health or an affiliate of such a hospital or any combination thereof, shall not apply if, in the certificate of need application or request, the hospital or

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applicant projects either (1) that, for the first three years of operation taken together, the total impact of the proposal on the operating budget of the hospital or an affiliate of such a hospital or any combination thereof will exceed one per cent of the actual operating expenses of the hospital for the most recently completed fiscal year as filed with or determined by the office, or (2) that the total capital expenditure for the project will exceed fifteen million dollars. If the office determines that an application is not subject to the ninety-day review period pursuant to this subsection, it shall remain so excluded for the entire review period of that application, even if the application or circumstances change and the application no longer meets the stated terms of the exclusion. Upon a showing by such facility or institution that the need for such function or service or termination or transfer of its ownership or control is of an emergency nature, in that the function, service or termination or transfer of its ownership or control is necessary to maintain continued access to the health care services provided by the facility or institution, or to comply with requirements of any federal, state or local health, fire, building or life safety code, the commissioner, or the commissioner's designee, may waive the letter of intent requirement, provided such request shall be submitted not less than fourteen days before the proposed date of institution of the function, service or termination or transfer of its ownership or control.

(c) (1) The office may hold a public hearing with respect to any complete certificate of need application submitted under this section. At least two weeks' notice of such public hearing shall be given to the applicant, in writing, and to the public by publication in a newspaper having a substantial circulation in the area served by the facility, institution or provider. At the discretion of the office, such hearing may be held in Hartford or in the area so served or to be served. In conducting its activities under this section, section 19a-639, or under both sections, the office may hold hearings on applications of a similar nature at the same time.

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(2) The office may hold a public hearing after consideration of criteria that include, but need not be limited to, whether the proposal involves: (A) The provision of a new or additional health care function or service through the use of technology that is new or being introduced into the state; (B) the provision of a new or additional health care function or service that is not provided in either a region designated by the applicant or in the applicant's existing primary service area as defined by the office; or (C) the termination of an existing health care function or service, the reduction of total beds or the closing of a health care facility.

(3) The office shall hold a public hearing with respect to any complete certificate of need application submitted to the office under this section if (A) three individuals or an individual representing an entity with five or more people submit a request, in writing, that a public hearing be held on the proposal after the office has published notice of a complete letter of intent, and (B) such request is received by the office not later than twenty-one days after the date that the office deems the certificate of need application complete.]

(a) A certificate of need issued by the office shall be required for:

(1) The establishment of a new health care facility;

(2) A transfer of ownership of a health care facility;

(3) The establishment of a free-standing emergency department;

(4) The termination by a short-term acute care general hospital or children's hospital of inpatient and outpatient mental health and substance abuse services;

(5) The establishment of an outpatient surgical facility, as defined in section 19a-493b, as amended by this act, or as established by a short-term acute care general hospital;

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(6) The termination of an emergency department by a short-term acute care general hospital;

(7) The establishment of cardiac services, including inpatient and outpatient cardiac catheterization, interventional cardiology and cardiovascular surgery;

(8) The acquisition of computed tomography scanners, magnetic resonance imaging scanners, positron emission tomography scanners or positron emission tomography-computed tomography scanners, by any person, physician, provider, short-term acute care general hospital or children's hospital;

(9) The acquisition of nonhospital based linear accelerators;

(10) An increase in the licensed bed capacity of a health care facility;

(11) The acquisition of equipment utilizing technology that has not previously been utilized in the state; and

(12) An increase of two or more operating rooms within any three-year period, commencing on and after October 1, 2010, by an outpatient surgical facility, as defined in section 19a-493b, as amended by this act, or by a short-term acute care general hospital.

(b) A certificate of need shall not be required for:

(1) Health care facilities owned and operated by the federal government;

(2) The establishment of offices by a licensed private practitioner, whether for individual or group practice, except when a certificate of need is required in accordance with the requirements of section 19a-493b, as amended by this act, or subdivisions (8) and (9) of subsection (a) of this section;

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(3) A health care facility operated by a religious group that exclusively relies upon spiritual means through prayer for healing;

(4) Residential care homes, nursing homes and rest homes, as defined in subsection (c) of section 19a-490;

(5) An assisted living services agency, as defined in section 19a-490;

(6) Home health agencies, as defined in section 19a-490;

(7) Hospice services, as described in section 19a-122b;

(8) Outpatient rehabilitation facilities;

(9) Outpatient chronic dialysis services;

(10) Transplant services;

(11) Free clinics, as defined in section 19a-630, as amended by this act;

(12) School-based health centers, community health centers, as defined in section 19a-490a, not-for-profit outpatient clinics licensed in accordance with the provisions of chapter 368v and federally qualified health centers;

(13) A program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential treatment facility;

(14) Any nonprofit facility, institution or provider that has a contract with, or is certified or licensed to provide a service for, a state agency or department for a service that would otherwise require a certificate of need. The provisions of this subdivision shall not apply to a short-term acute care general hospital or children's hospital, or a hospital or other facility or institution operated by the state that provides services

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that are eligible for reimbursement under Title XVIII or XIX of the federal Social Security Act, 42 USC 301, as amended;

(15) A health care facility operated by a nonprofit educational institution exclusively for students, faculty and staff of such institution and their dependents;

(16) An outpatient clinic or program operated exclusively by or contracted to be operated exclusively by a municipality, municipal agency, municipal board of education or a health district, as described in section 19a-241;

(17) A residential facility for the mentally retarded licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for the mentally retarded;

(18) Replacement of existing imaging equipment if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider, physician or person notifies the office of the date on which the equipment is replaced and the disposition of the replaced equipment;

(19) Acquisition of cone-beam dental imaging equipment that is to be used exclusively by a dentist licensed pursuant to chapter 379;

(20) The termination of inpatient or outpatient services offered by a hospital, except as provided in subdivision (4) of subsection (a) of this section and section 19a-639e, as amended by this act;

(21) The partial or total elimination of services provided by an outpatient surgical facility, as defined in section 19a-493b, as amended by this act, except as provided in section 19a-639e, as amended by this act; or

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(22) The termination of services for which the Department of Public Health has requested the facility to relinquish its license.

(c) (1) Any person, health care facility or institution that is unsure whether a certificate of need is required under this section, or (2) any health care facility that proposes to relocate pursuant to section 19a-639c, as amended by this act, shall send a letter to the office that describes the project and requests that the office make a determination as to whether a certificate of need is required. In the case of a relocation of a health care facility, the letter shall include information described in section 19a-639c, as amended by this act. A person, health care facility or institution making such request shall provide the office with any information the office requests as part of its determination process.

(d) The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulation, provided the commissioner holds a public hearing prior to implementing the policies and procedures and prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted. Final regulations shall be adopted by December 31, 2011.

Sec. 88. Section 19a-639 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

[(a) Except as provided in sections 19a-639a to 19a-639c, inclusive, each health care facility or institution, including, but not limited to, any inpatient rehabilitation facility, any health care facility or institution or any state health care facility or institution proposing (1) a

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capital expenditure exceeding three million dollars, (2) to purchase, lease or accept donation of major medical equipment requiring a capital expenditure, as defined in regulations adopted pursuant to section 19a-643, in excess of three million dollars, or (3) to purchase, lease or accept donation of a CT scanner, PET scanner, PET/CT scanner or MRI scanner, a linear accelerator or other similar equipment utilizing technology that is new or being introduced into this state, including the purchase, lease or donation of equipment or a facility, shall submit a request for approval of such expenditure to the office, with such data, information and plans as the office requires in advance of the proposed initiation date of such project.

(b) (1) The commissioner, or the commissioner's designee, shall notify the Commissioner of Social Services of any certificate of need request that may impact expenditures under the state medical assistance program. The office shall consider such request in relation to the community or regional need for such capital program or purchase of land, the possible effect on the operating costs of the health care facility or institution and such other relevant factors as the office deems necessary. In approving or modifying such request, the commissioner, or the commissioner's designee, may not prescribe any condition, such as but not limited to, any condition or limitation on the indebtedness of the facility or institution in connection with a bond issue, the principal amount of any bond issue or any other details or particulars related to the financing of such capital expenditure, not directly related to the scope of such capital program and within control of the facility or institution.

(2) An applicant, prior to submitting a certificate of need application, shall submit a request, in writing, for application forms and instructions to the office. The request shall be known as a letter of intent. A letter of intent shall conform to the letter of intent requirements of subdivision (4) of subsection (a) of section 19a-638. No

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certificate of need application will be considered submitted to the office unless a current letter of intent, specific to the proposal and in compliance with this subsection, is on file with the office for not less than sixty days. A current letter of intent is a letter of intent that has been on file at the office no more than one hundred twenty days, except that an applicant may request a one-time extension of a letter of intent of not more than an additional thirty days for a maximum total of not more than one hundred fifty days if, prior to the expiration of the current letter of intent, the office receives a written request to so extend the letter of intent's current status. The extension request shall fully explain why an extension is requested. The office shall accept or reject the extension request not later than seven days from the date the office receives the extension request and shall so notify the applicant. Upon a showing by such facility or institution that the need for such capital program is of an emergency nature, in that the capital expenditure is necessary to maintain continued access to the health care services provided by the facility or institution, or to comply with any federal, state or local health, fire, building or life safety code, the commissioner, or the commissioner's designee, may waive the letter of intent requirement, provided such request shall be submitted not less than fourteen days before the proposed initiation date of the project. The commissioner, or the commissioner's designee, shall grant, modify or deny such request not later than ninety days or not later than fourteen days, as the case may be, after receipt of such request, except as provided for in this section. Upon the request of the applicant, the review period may be extended for an additional fifteen days if the office has requested additional information subsequent to the commencement of the review period. The commissioner, or the commissioner's designee, may extend the review period for a maximum of thirty days if the applicant has not filed, in a timely manner, information deemed necessary by the office. Failure of the office to act upon such request within such review period shall be deemed approval of such request. The ninety-day review period,

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pursuant to this section, for an application filed by a hospital, as defined in section 19a-490, and licensed as a short-term acute care general hospital or a children's hospital by the Department of Public Health or an affiliate of such a hospital or any combination thereof, shall not apply if, in the certificate of need application or request, the hospital or applicant projects either (A) that, for the first three years of operation taken together, the total impact of the proposal on the operating budget of the hospital or an affiliate or any combination thereof will exceed one per cent of the actual operating expenses of the hospital for the most recently completed fiscal year as filed with the office, or (B) that the total capital expenditure for the project will exceed fifteen million dollars. If the office determines that an application is not subject to the ninety-day review period pursuant to this subsection, it shall remain so excluded for the entire period of that application, even if the application or circumstances change and the application no longer meets the stated terms of the exclusion. The Department of Public Health shall adopt regulations, in accordance with chapter 54, to establish an expedited hearing process to be used to review requests by any facility or institution for approval of a capital expenditure to establish an energy conservation program or to comply with requirements of any federal, state or local health, fire, building or life safety code or final court order. The Department of Public Health shall adopt regulations in accordance with the provisions of chapter 54 to provide for the waiver of a hearing for any part of a request by a facility or institution for a capital expenditure, provided such facility or institution and the office agree upon such waiver.

(3) The office shall comply with the public notice provisions of subdivision (4) of subsection (a) of section 19a-638, and shall hold a public hearing with respect to any complete certificate of need application filed under this section, if: (A) The proposal has associated total capital expenditures or total capital costs that exceed twenty million dollars for land, building or nonclinical equipment acquisition,

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new building construction or building renovation; (B) the proposal has associated total capital expenditures per unit or total capital costs per unit that exceed three million dollars for the purchase, lease or donation acceptance of major medical equipment; (C) the proposal is for the purchase, lease or donation acceptance of equipment utilizing technology that is new or being introduced into the state, including scanning equipment, a linear accelerator or other similar equipment; or (D) three individuals or an individual representing an entity comprised of five or more people submit a request, in writing, that a public hearing be held on the proposal and such request is received by the office not later than twenty-one days after the office deems the certificate of need application complete. At least two weeks' notice of such public hearing shall be given to the applicant, in writing, and to the public by publication in a newspaper having a substantial circulation in the area served by the applicant. At the discretion of the office, such hearing shall be held in Hartford or in the area so served or to be served.

(c) Each person or provider, other than a health care or state health care facility or institution subject to subsection (a) of this section, proposing to purchase, lease, accept donation of or replace (1) major medical equipment with a capital expenditure in excess of three million dollars, or (2) a CT scanner, PET scanner, PET/CT scanner or MRI scanner, a linear accelerator or other similar equipment utilizing technology that is new or being introduced into the state, shall submit a request for approval of any such purchase, lease, donation or replacement pursuant to the provisions of subsection (a) of this section. In determining the capital cost or expenditure for an application under this section or section 19a-638, the office shall use the greater of (A) the fair market value of the equipment as if it were to be used for full-time operation, whether or not the equipment is to be used, shared or rented on a part-time basis, or (B) the total value or estimated value determined by the office of any capitalized lease computed for a three-

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year period. Each method shall include the costs of any service or financing agreements plus any other cost components or items the office specifies in regulations, adopted in accordance with chapter 54, or deems appropriate.

(d) Notwithstanding the provisions of section 19a-638 or subsection (a) of this section, no community health center, as defined in section 19a-490a, shall be subject to the provisions of said section 19a-638 or subsection (a) of this section if the community health center is: (1) Proposing a capital expenditure not exceeding three million dollars; (2) exclusively providing primary care or dental services; and (3) either (A) financing one-third or more of the cost of the proposed project with moneys provided by the state of Connecticut, (B) receiving funds from the Department of Public Health for the proposed project, or (C) locating the proposed project in an area designated by the federal Health Resources and Services Administration as a health professional shortage area, a medically underserved area or an area with a medically underserved population. Each community health center seeking an exemption under this subsection shall provide the office with documentation verifying to the satisfaction of the office, qualification for this exemption. Each community health center proposing to provide any service other than a primary care or dental service at any location, including a designated community health center location, shall first obtain a certificate of need for such additional service in accordance with this section and section 19a-638. Each satellite, subsidiary or affiliate of a federally qualified health center, in order to qualify under this exemption, shall: (i) Be part of a federally qualified health center that meets the requirements of this subsection; (ii) exclusively provide primary care or dental services; and (iii) be located in a health professional shortage area or a medically underserved area. If the subsidiary, satellite or affiliate does not so qualify, it shall obtain a certificate of need.

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(e) Notwithstanding the provisions of section 19a-638, subsection (a) of section 19a-639a or subsection (a) of this section, no school-based health care center shall be subject to the provisions of section 19a-638 or subsection (a) of this section if the center: (1) Is or will be licensed by the Department of Public Health as an outpatient clinic; (2) proposes capital expenditures not exceeding three million dollars and does not exceed such amount; (3) once operational, continues to operate and provide services in accordance with the department's licensing standards for comprehensive school-based health centers; and (4) is or will be located entirely on the property of a functioning school.

(f) In conducting its activities under this section or section 19a-638, or under both sections, the office may hold hearings on applications of a similar nature at the same time.]

(a) In any deliberations involving a certificate of need application filed pursuant to section 19a-638, as amended by this act, the office shall take into consideration and make written findings concerning each of the following guidelines and principles:

(1) Whether the proposed project is consistent with any applicable policies and standards adopted in regulations by the office;

(2) The relationship of the proposed project to the state-wide health care facilities and services plan;

(3) Whether there is a clear public need for the health care facility or services proposed by the applicant;

(4) Whether the applicant has satisfactorily demonstrated how the proposal will impact the financial strength of the health care system in the state;

(5) Whether the applicant has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of

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health care delivery in the region;

(6) The applicant's past and proposed provision of health care services to relevant patient populations and payer mix;

(7) Whether the applicant has satisfactorily identified the population to be served by the proposed project and satisfactorily demonstrated that the identified population has a need for the proposed services;

(8) The utilization of existing health care facilities and health care services in the service area of the applicant; and

(9) Whether the applicant has satisfactorily demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care services or facilities.

(b) The office, as it deems necessary, may revise or supplement the guidelines and principles through regulation prescribed in subsection (a) of this section.

Sec. 89. Section 19a-639a of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

[(a) Except as provided in subsection (c) of section 19a-639, or as required in subsection (b) of this section, the provisions of section 19a-638 and subsection (a) of section 19a-639 shall not apply to: (1) An outpatient clinic or program operated exclusively by, or contracted to be operated exclusively for, a municipality or municipal agency, a health district, as defined in section 19a-240, or a board of education; (2) a residential facility for the mentally retarded licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for the mentally retarded; (3) an outpatient rehabilitation service agency that was in operation on January 1, 1998, that is operated exclusively on an outpatient basis and

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that is eligible to receive reimbursement under section 17b-243; (4) a clinical laboratory; (5) an assisted living services agency; (6) an outpatient service offering chronic dialysis; (7) a program of ambulatory services established and conducted by a health maintenance organization; (8) a home health agency; (9) a clinic operated by the AmeriCares Foundation; (10) a nursing home; (11) a rest home; or (12) a program licensed or funded by the Department of Children and Families, provided such program is not a psychiatric residential treatment facility, as defined in 42 CFR 483.352. The exemptions provided in this section shall not apply when a nursing home or rest home is, or will be created, acquired, operated or in any other way related to or affiliated with, or under the complete or partial ownership or control of a facility or institution or affiliate subject to the provisions of section 19a-638 or subsection (a) of section 19a-639.

(b) Each health care facility or institution exempted under this section shall register with the office by filing the information required by subdivision (4) of subsection (a) of section 19a-638 for a letter of intent at least fourteen days but not more than sixty calendar days prior to commencing operations and prior to changing, expanding, terminating or relocating any facility or service otherwise covered by section 19a-638 or subsection (a) of section 19a-639, or covered by both sections or subsections, except that, if the facility or institution is in operation on June 5, 1998, said information shall be filed not more than sixty days after said date. Not later than fourteen days after the date that the office receives a completed filing required under this subsection, the office shall provide the health care facility or institution with written acknowledgment of receipt. Such acknowledgment shall constitute permission to operate or change, expand, terminate or relocate such a facility or institution or to make an expenditure consistent with an authorization received under subsection (a) of section 19a-639 until the next September thirtieth. Each entity exempted under this section shall renew its exemption by filing

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current information once every two years in September.

(c) Each health care facility, institution or provider that proposes to purchase, lease or accept donation of a CT scanner, PET scanner, PET/CT scanner or MRI scanner or a linear accelerator shall be exempt from certificate of need review pursuant to sections 19a-638 and 19a-639 if such facility, institution or provider (1) provides to the office satisfactory evidence that it purchased or leased such equipment for under four hundred thousand dollars on or before July 1, 2005, and such equipment was in operation on or before July 1, 2006, or (2) obtained, on or before July 1, 2005, from the office, a certificate of need or a determination that a certificate of need was not required for the purchase, lease or donation acceptance of such equipment.

(d) The Office of Health Care Access shall, in its discretion, exempt from certificate of need review pursuant to sections 19a-638 and 19a-639 any health care facility or institution that proposes to purchase or operate an electronic medical records system on or after October 1, 2005.

(e) Each health care facility or institution that proposes a capital expenditure for parking lots and garages, information and communications systems, physician and administrative office space, acquisition of land for nonclinical purposes, and acquisition and replacement of nonmedical equipment, including, but not limited to, boilers, chillers, heating ventilation and air conditioning systems, shall be exempt for such capital expenditure from certificate of need review under subsection (a) of section 19a-639, provided (1) the health care facility or institution submits information to the office regarding the type of capital expenditure, the reason for the capital expenditure, the total cost of the project and any other information which the office deems necessary; and (2) the total capital expenditure does not exceed twenty million dollars. Approval of a health care facility's or institution's proposal for acquisition of land for nonclinical purposes

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shall not exempt such facility or institution from compliance with any of the certificate of need requirements prescribed in this chapter if such facility or institution subsequently seeks to develop the land that was acquired for nonclinical purposes.

(f) Each short-term acute care general or children's hospital, chronic disease hospital or hospital for the mentally ill that on July 1, 2009, is providing outpatient services, including, but not limited to, physical therapy, occupational therapy, speech therapy, cardiac rehabilitation, occupational injury management, occupational disease management and company contracted services that thereafter proposes to provide such services at an alternative location within the primary services area of the health care facility or institution, shall be exempt from the certificate of need requirements prescribed in subsection (a) of section 19a-638 as relates to any such proposal to provide such services at an alternative location, provided the short-term acute care general or children's hospital, chronic disease hospital or hospital for the mentally ill submits information to the office concerning the type of outpatient services such hospital proposes to provide at the alternative location, the location where such services will be provided and the reasons for the proposal to provide such services at an alternative location.]

(a) An application for a certificate of need shall be filed with the office in accordance with the provisions of this section and any regulations adopted by the office. The application shall address the guidelines and principles set forth in (1) subsection (a) of section 19a-639, as amended by this act, and (2) regulations adopted by the office. The applicant shall include with the application a nonrefundable application fee of five hundred dollars.

(b) Not later than twenty days prior to the date that the applicant submits the certificate of need application to the office, the applicant shall publish notice that an application is to be submitted to the office in a newspaper having a substantial circulation in the area where the

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project is to be located. Such notice shall be published for not less than three consecutive days and shall contain a brief description of the nature of the project and the street address where the project is to be located. The office shall not accept the applicant's certificate of need application for filing unless the application is accompanied by the application fee prescribed in subsection (a) of this section and proof of compliance with the publication requirements prescribed in this subsection.

(c) Not later than five business days after receipt of a properly filed certificate of need application, the office shall publish notice of the application on its web site and with the office of the Secretary of the State. Not later than thirty days after the date of filing of the application, the office may request such additional information as the office determines necessary to complete the application. The applicant shall, not later than sixty days after the date of the office's request, submit the requested information to the office. If an applicant fails to submit the requested information to the office within the sixty-day period, the office shall consider the application to have been withdrawn.

(d) Upon determining that an application is complete, the office shall provide notice of this determination to the applicant and to the public in accordance with regulations adopted by the office. In addition, the office shall post such notice on its web site. The date on which the office posts such notice on its web site shall begin the review period. Except as provided in this subsection, (1) the review period for a completed application shall be ninety days from the date on which the office posts such notice on its web site; and (2) the office shall issue a decision on a completed application prior to the expiration of the ninety-day review period. Upon request or for good cause shown, the office may extend the review period for a period of time not to exceed sixty days. If the review period is extended, the office shall issue a

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decision on the completed application prior to the expiration of the extended review period. If the office holds a public hearing concerning a completed application in accordance with subsection (e) or (f) of this section, the office shall issue a decision on the completed application not later than sixty days after the date of the public hearing.

(e) The office shall hold a public hearing on a properly filed and completed certificate of need application if three or more individuals or an individual representing an entity with five or more people submits a request, in writing, that a public hearing be held on the application. Any request for a public hearing shall be made to the office not later than thirty days after the date the office determines the application to be complete.

(f) The office may hold a public hearing with respect to any certificate of need application submitted under this chapter. The office shall provide not less than two weeks' advance notice to the applicant, in writing, and to the public by publication in a newspaper having a substantial circulation in the area served by the health care facility or provider. In conducting its activities under this chapter, the office may hold hearing on applications of a similar nature at the same time.

(g) The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulation, provided the commissioner holds a public hearing prior to implementing the policies and procedures and prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted. Final regulations shall be adopted by December 31, 2011.

Sec. 90. Section 19a-639b of the 2010 supplement to the general

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statutes is repealed and the following is substituted in lieu thereof
(Effective October 1, 2010):

[(a) The Commissioner of Public Health or the commissioner's designee may grant an exemption from the requirements of section 19a-638 or subsection (a) of section 19a-639, or both, for any nonprofit facility, institution or provider that is currently under contract with a state agency or department and is seeking to engage in any activity, other than the termination of a service or a facility, otherwise subject to said section or subsection if:

(1) The nonprofit facility, institution or provider is proposing a capital expenditure of not more than three million dollars and the expenditure does not in fact exceed three million dollars;

(2) The activity meets a specific service need identified by a state agency or department with which the nonprofit facility, institution or provider is currently under contract;

(3) The commissioner, executive director, chairman or chief court administrator of the state agency or department that has identified the specific need confirms, in writing, to the office that (A) the agency or department has identified a specific need with a detailed description of that need and that the agency or department believes that the need continues to exist, (B) the activity in question meets all or part of the identified need and specifies how much of that need the proposal meets, (C) in the case where the activity is the relocation of services, the agency or department has determined that the needs of the area previously served will continue to be met in a better or satisfactory manner and specifies how that is to be done, (D) in the case where a facility or institution seeks to transfer its ownership or control, that the agency or department has investigated the proposed change and the person or entity requesting the change and has determined that the change would be in the best interests of the state and the patients or

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clients, and (E) the activity will be cost-effective and well managed; and

(4) In the case where the activity is the relocation of services, the Commissioner of Public Health or the commissioner's designee determines that the needs of the area previously served will continue to be met in a better or satisfactory manner.

(b) The Commissioner of Public Health or the commissioner's designee may grant an exemption from the requirements of section 19a-638 or subsection (a) of section 19a-639, or both, for any nonprofit facility, institution or provider that is currently under contract with a state agency or department and is seeking to terminate a service or a facility, provided (1) the commissioner, executive director, chairperson or chief court administrator of the state agency or department with which the nonprofit facility, institution or provider is currently under contract confirms, in writing, to the office that the needs of the area previously served will continue to be met in a better or satisfactory manner and specifies how that is to be done, and (2) the commissioner or the commissioner's designee determines that the needs of the area previously served will continue to be met in a better or satisfactory manner.

(c) A nonprofit facility, institution or provider seeking an exemption under this section shall provide the office with any information it needs to determine exemption eligibility. An exemption granted under this section shall be limited to part or all of any services, equipment, expenditures or location directly related to the need or location that the state agency or department has identified.

(d) The office may revoke or modify the scope of the exemption at any time following a public review that allows the state agency or department and the nonprofit facility, institution or provider to address specific, identified, changed conditions or any problems that

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the state agency, department or the office has identified. A party to any exemption modification or revocation proceeding and the original requesting agency shall be given at least fourteen calendar days written notice prior to any action by the office and shall be furnished with a copy, if any, of a revocation or modification request or a statement by the office of the problems that have been brought to its attention. If the requesting commissioner, executive director, chairman or chief court administrator or the Commissioner of Public Health certifies that an emergency condition exists, only forty-eight hours written notice shall be required for such modification or revocation action to proceed.

(e) A nonprofit facility, institution or provider that is a psychiatric residential treatment facility, as defined in 42 CFR 483.352, shall not be eligible for any exemption provided for in this section, irrespective of whether or not such facility is under contract with a state agency or department.]

(a) A certificate of need shall be valid only for the project described in the application. A certificate of need shall be valid for two years from the date of issuance by the office. During the period of time that such certificate is valid and the thirty-day period following the expiration of the certificate, the holder of the certificate shall provide the office with such information as the office may request on the development of the project covered by the certificate.

(b) Upon request from a certificate holder, the office may extend the duration of a certificate of need for such additional period of time as the office determines is reasonably necessary to expeditiously complete the project. Not later than five business days after receiving a request to extend the duration of a certificate of need, the office shall post such request on its web site. Any person who wishes to comment on extending the duration of the certificate of need shall provide written comments to the office on the requested extension not later

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than thirty days after the date the office posts notice of the request for an extension of time on its web site. The office shall hold a public hearing on any request to extend the duration of a certificate of need if three or more individuals or an individual representing an entity with five or more people submits a request, in writing, that a public hearing be held on the request to extend the duration of a certificate of need.

(c) In the event that the office determines that: (1) Commencement, construction or other preparation has not been substantially undertaken during a valid certificate of need period; or (2) the certificate holder has not made a good-faith effort to complete the project as approved, the office may withdraw, revoke or rescind the certificate of need.

(d) A certificate of need shall not be transferable or assignable nor shall a project be transferred from a certificate holder to another person.

(e) The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulation, provided the commissioner holds a public hearing prior to implementing the policies and procedures and prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted. Final regulations shall be adopted by December 31, 2011.

Sec. 91. Section 19a-639c of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

[Notwithstanding the provisions of section 19a-638 or section 19a-

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639, the office may waive the requirements of said sections and grant a certificate of need to any health care facility or institution or provider or any state health care facility or institution or provider proposing to replace major medical equipment, a CT scanner, PET scanner, PET/CT scanner or MRI scanner or a linear accelerator if:

(1) The health care facility or institution or provider has previously obtained a certificate of need for the equipment to be replaced; or

(2) The health care facility or institution or provider had previously obtained a determination pursuant to subsection (c) of section 19a-639a that a certificate of need was not required for the original acquisition of the equipment; and

(3) The replacement value or expenditure is less than three million dollars.]

(a) Any health care facility that proposes to relocate a facility shall submit a letter to the office, as described in subsection (c) of section 19a-638, as amended by this act. In addition to the requirements prescribed in said subsection (c), in such letter the health care facility shall demonstrate to the satisfaction of the office that the population served by the health care facility and the payer mix will not substantially change as a result of the facility's proposed relocation. If the facility is unable to demonstrate to the satisfaction of the office that the population served and the payer mix will not substantially change as a result of the proposed relocation, the health care facility shall apply for certificate of need approval pursuant to subdivision (1) of subsection (a) of section 19a-638, as amended by this act, in order to effectuate the proposed relocation.

(b) The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulation,

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provided the commissioner holds a public hearing prior to implementing the policies and procedures and prints notice of intent to adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted. Final regulations shall be adopted by December 31, 2011.

Sec. 92. Section 19a-639e of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

[Notwithstanding the provisions of sections 19a-486 to 19a-486h, inclusive, section 19a-638, 19a-639 or any other provision of this chapter, the office may refuse to accept as filed or submitted a letter of intent or a certificate of need application from any person or health care facility or institution that failed to submit any required data or information, or has filed any required data or information that is incomplete or not filed in a timely fashion. Prior to any refusal and accompanying moratorium under the provisions of this section, the Commissioner of Public Health shall notify the person or health care facility or institution, in writing, and such notice shall identify the data or information that was not received and the data or information that is incomplete in any respect. Such person or health care facility or institution shall have twenty-one days from the date of mailing the notice to provide the commissioner with the required data or information. Such refusal and related moratorium on accepting a letter of intent or a certificate of need application may remain in effect, at the discretion of the commissioner, until the office determines that all required data or information has been submitted. The commissioner shall have twenty-one days to notify the person or health care facility or institution submitting the data and information whether or not the letter of intent or certificate of need application is refused. Nothing in

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this section shall preclude or limit the office from taking any other action authorized by law concerning late, incomplete or inaccurate data submission in addition to such a refusal and accompanying moratorium.]

(a) Any health care facility that proposes to terminate a service that was authorized pursuant to a certificate of need issued under this chapter shall file a modification request with the office not later than sixty days prior to the proposed date of the termination of the service. The office may request additional information from the health care facility as necessary to process the modification request. In addition, the office shall hold a public hearing on any request from a health care facility to terminate a service pursuant to this section if three or more individuals or an individual representing an entity with five or more people submits a request, in writing, that a public hearing be held on the health care facility's proposal to terminate a service.

(b) Any health care facility that proposes to terminate all services offered by such facility, that were authorized pursuant to one or more certificates of need issued under this chapter, shall provide notification to the office not later than sixty days prior to the termination of services and such facility shall surrender its certificate of need not later than thirty days prior to the termination of services.

(c) Any health care facility that proposes to terminate the operation of a facility or service for which a certificate of need was not obtained shall notify the office not later than sixty days prior to terminating the operation of the facility or service.

(d) The Commissioner of Public Health may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures as regulation, provided the commissioner holds a public hearing prior to implementing the policies and procedures and prints notice of intent to

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adopt regulations in the Connecticut Law Journal not later than twenty days after the date of implementation. Policies and procedures implemented pursuant to this section shall be valid until the time final regulations are adopted. Final regulations shall be adopted by December 31, 2011.

Sec. 93. Section 19a-653 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

[(a) (1) Any person or health care facility or institution that owns, operates or is seeking to acquire major medical equipment costing over three million dollars, or scanning equipment, a linear accelerator or other similar equipment utilizing technology that is developed or introduced into the state on or after October 1, 2005, or]

(a) Any person or health care facility or institution that is required to file a certificate of need for any of the activities described in section 19a-638, as amended by this act, and any person or health care facility or institution that is required to file data or information under any public or special act or under this chapter or sections 19a-486 to 19a-486h, inclusive, or any regulation adopted or order issued under this chapter or said sections, which wilfully fails to seek certificate of need approval for any of the activities described in section 19a-638, as amended by this act, or to so file within prescribed time periods, shall be subject to a civil penalty of up to one thousand dollars a day for each day such person or health care facility or institution conducts any of the described activities without certificate of need approval as required by section 19a-638, as amended by this act, or for each day such information is missing, incomplete or inaccurate. Any health care facility or provider that fails to complete the inventory questionnaire, as required by section 19a-634, as amended by this act, shall not be subject to civil penalties under this section. Any civil penalty authorized by this section shall be imposed by the Department of

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Public Health in accordance with subsections (b) to (e), inclusive, of this section.

[(2) If a person or health care facility or institution is unsure whether a certificate of need is required under section 19a-638 or section 19a-639, or under both sections, it shall send a letter to the office describing the project and requesting that the office make such a determination. A person making a request for a determination as to whether a certificate of need, waiver or exemption is required shall provide the office with any information the office requests as part of its determination process.]

(b) If the Department of Public Health has reason to believe that a violation has occurred for which a civil penalty is authorized by subsection (a) of this section, it shall notify the person or health care facility or institution by first-class mail or personal service. The notice shall include: (1) A reference to the sections of the statute or regulation involved; (2) a short and plain statement of the matters asserted or charged; (3) a statement of the amount of the civil penalty or penalties to be imposed; (4) the initial date of the imposition of the penalty; and (5) a statement of the party's right to a hearing.

(c) The person or health care facility or institution to whom the notice is addressed shall have fifteen business days from the date of mailing of the notice to make written application to the office to request (1) a hearing to contest the imposition of the penalty, or (2) an extension of time to file the required data. A failure to make a timely request for a hearing or an extension of time to file the required data or a denial of a request for an extension of time shall result in a final order for the imposition of the penalty. All hearings under this section shall be conducted pursuant to sections 4-176e to 4-184, inclusive. The Department of Public Health may grant an extension of time for filing the required data or mitigate or waive the penalty upon such terms and conditions as, in its discretion, it deems proper or necessary upon

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consideration of any extenuating factors or circumstances.

(d) A final order of the Department of Public Health assessing a civil penalty shall be subject to appeal as set forth in section 4-183 after a hearing before the office pursuant to subsection (c) of this section, except that any such appeal shall be taken to the superior court for the judicial district of New Britain. Such final order shall not be subject to appeal under any other provision of the general statutes. No challenge to any such final order shall be allowed as to any issue which could have been raised by an appeal of an earlier order, denial or other final decision by the Department of Public Health.

(e) If any person or health care facility or institution fails to pay any civil penalty under this section, after the assessment of such penalty has become final the amount of such penalty may be deducted from payments to such person or health care facility or institution from the Medicaid account.

Sec. 94. Subsection (a) of section 4-67x of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) There shall be a Child Poverty and Prevention Council consisting of the following members or their designees: The Secretary of the Office of Policy and Management, the president pro tempore of the Senate, the speaker of the House of Representatives, the minority leader of the Senate and the minority leader of the House of Representatives, the Commissioners of Children and Families, Social Services, Correction, Developmental Services, Mental Health and Addiction Services, Transportation, Public Health, Education [.] and Economic and Community Development, [and Health Care Access,] the Labor Commissioner, the Chief Court Administrator, the chairperson of the Board of Governors of Higher Education, the Child Advocate, the chairperson of the Children's Trust Fund Council and

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the executive directors of the Commission on Children and the Commission on Human Rights and Opportunities. The Secretary of the Office of Policy and Management, or the secretary's designee, shall be the chairperson of the council. The council shall (1) develop and promote the implementation of a ten-year plan, to begin June 8, 2004, to reduce the number of children living in poverty in the state by fifty per cent, and (2) within available appropriations, establish prevention goals and recommendations and measure prevention service outcomes in accordance with this section in order to promote the health and well-being of children and families.

Sec. 95. Subdivisions (4) and (5) of section 12-263a of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(4) "Uncompensated care" means the cost of care that is written off as a bad debt or provided free under a free care policy that has been approved by the Office of Health Care Access division of the Department of Public Health;

(5) "Other allowances" means any financial requirements, as authorized by the Office of Health Care Access division of the Department of Public Health, of a hospital resulting from circumstances including, but not limited to, an insurance settlement of a liability case or satisfaction of a lien or encumbrance, any difference between charges for employee self-insurance and related expenses. For fiscal years commencing on and after October 1, 1994, "other allowances" means the amount of any difference between charges for employee self-insurance and related expenses determined using the hospital's overall relationship of costs to charges as determined by the Office of Health Care Access division of the Department of Public Health;

Sec. 96. Section 17b-234 of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective October 1, 2010*):

The Department of Social Services shall notify the Newington Children's Hospital of each referral for whom said department can apply for federal matching grants. Newington Children's Hospital shall charge the Department of Social Services for said eligible referrals only and shall retain all such payments received from the department. Such payments by the state shall be in lieu of all other payments to said hospital by the state or any town in this state except payments by the Department of Social Services as provided in this section, the State Board of Education or the Department of Public Health. Such payments shall not prevent payments to said hospital from private sources for the care and support of any child in said hospital or for the balance of such operating expense. The Office of Health Care Access division of the Department of Public Health, in establishing rates to be charged by the Newington Children's Hospital, shall not include the grant made to said hospital pursuant to this section. In order to be eligible for the grant authorized by this section, the Newington Children's Hospital shall cooperate with The University of Connecticut Health Center in order to provide consolidated and coordinated pediatric services.

Sec. 97. Section 17b-240 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

Notwithstanding the provisions of section 17b-239, the rate to be paid by the state to a hospital receiving appropriations granted by the General Assembly shall be established annually by the Office of Health Care Access division of the Department of Public Health pursuant to the provisions of chapter 368z, provided said office receives a waiver of Medicare principles of reimbursement from the Department of Health and Human Services pursuant to Section 222 of Public Law 92-603. This section shall be effective only for such period as said waiver remains in effect.

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Sec. 98. Subsection (g) of section 17b-352 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(g) The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this section. The commissioner shall implement the standards and procedures of the Office of Health Care Access division of the Department of Public Health concerning certificates of need established pursuant to section 19a-643, as amended by this act, as appropriate for the purposes of this section, until the time final regulations are adopted in accordance with said chapter 54.

Sec. 99. Subsection (a) of section 17b-353 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) Any facility, as defined in subsection (a) of section 17b-352, which proposes (1) a capital expenditure exceeding one million dollars, which increases facility square footage by more than five thousand square feet or five per cent of the existing square footage, whichever is greater, (2) a capital expenditure exceeding two million dollars, or (3) the acquisition of major medical equipment requiring a capital expenditure in excess of four hundred thousand dollars, including the leasing of equipment or space, shall submit a request for approval of such expenditure, with such information as the department requires, to the Department of Social Services. Any such facility which proposes to acquire imaging equipment requiring a capital expenditure in excess of four hundred thousand dollars, including the leasing of such equipment, shall obtain the approval of the Office of Health Care Access division of the Department of Public Health in accordance with [section 19a-639] the provisions of chapter 368z, subsequent to obtaining the approval of the Commissioner of Social Services. Prior to the facility's obtaining the imaging equipment,

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the Commissioner of Public Health, after consultation with the Commissioner of Social Services, may elect to perform a joint or simultaneous review with the Department of Social Services.

Sec. 100. Subsection (e) of section 17b-353 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(e) The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this section. The commissioner shall implement the standards and procedures of the Office of Health Care Access division of the Department of Public Health concerning certificates of need established pursuant to section 19a-643, as amended by this act, as appropriate for the purposes of this section, until the time final regulations are adopted in accordance with said chapter 54.

Sec. 101. Subsection (j) of section 17b-354 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(j) The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this section. The commissioner shall implement the standards and procedures of the Office of Health Care Access division of the Department of Public Health concerning certificates of need established pursuant to section 19a-643, as amended by this act, as appropriate for the purposes of this section, until the time final regulations are adopted in accordance with said chapter 54.

Sec. 102. Section 17b-356 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

Any health care facility or institution, as defined in subsection (a) of section 19a-490, except a nursing home, rest home, residential care

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home or residential facility for the mentally retarded licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for the mentally retarded, proposing to expand its services by adding nursing home beds shall obtain the approval of the Commissioner of Social Services in accordance with the procedures established pursuant to sections 17b-352, as amended by this act, 17b-353, as amended by this act, and 17b-354, as amended by this act, for a facility, as defined in section 17b-352, as amended by this act, prior to obtaining the approval of the Office of Health Care Access division of the Department of Public Health pursuant to section [19a-638 or] 19a-639, [or both] as amended by this act.

Sec. 103. Subsection (b) of section 19a-7 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(b) For the purposes of establishing a state health plan as required by subsection (a) of this section and consistent with state and federal law on patient records, the department is entitled to access hospital discharge data, emergency room and ambulatory surgery encounter data, data on home health care agency client encounters and services, data from community health centers on client encounters and services and all data collected or compiled by the Office of Health Care Access division of the Department of Public Health pursuant to section 19a-613.

Sec. 104. Subsections (b) and (c) of section 19a-493b of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(b) No entity, individual, firm, partnership, corporation, limited liability company or association, other than a hospital, shall individually or jointly establish or operate an outpatient surgical

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facility in this state without complying with chapter 368z, except as otherwise provided by this section, and obtaining a license within the time specified in this subsection from the Department of Public Health for such facility pursuant to the provisions of this chapter, unless such entity, individual, firm, partnership, corporation, limited liability company or association: (1) Provides to the Office of Health Care Access division of the Department of Public Health satisfactory evidence that it was in operation on or before July 1, 2003, or (2) obtained, on or before July 1, 2003, from the Office of Health Care Access, a determination that a certificate of need is not required. An entity, individual, firm, partnership, corporation, limited liability company or association otherwise in compliance with this section may operate an outpatient surgical facility without a license through March 30, 2007, and shall have until March 30, 2007, to obtain a license from the Department of Public Health.

(c) Notwithstanding the provisions of this section, no outpatient surgical facility shall be required to comply with section 19a-631, 19a-632, [19a-637a,] 19a-644, as amended by this act, 19a-645, as amended by this act, 19a-646, 19a-649, 19a-654 to 19a-660, inclusive, as amended by this act, 19a-662, 19a-664 to 19a-666, inclusive, 19a-669 to 19a-670a, inclusive, as amended by this act, 19a-671, 19a-671a, 19a-672 to 19a-676, inclusive, 19a-678, or 19a-681 to 19a-683, inclusive, as amended by this act. Each outpatient surgical facility shall continue to be subject to the obligations and requirements applicable to such facility, including, but not limited to, any applicable provision of this chapter and those provisions of chapter 368z not specified in this subsection, except that a request for permission to undertake a transfer or change of ownership or control shall not be required pursuant to subsection (a) of section 19a-638, as amended by this act, if the Office of Health Care Access division of the Department of Public Health determines that the following conditions are satisfied: (1) Prior to any such transfer or change of ownership or control, the outpatient surgical facility shall be

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owned and controlled exclusively by persons licensed pursuant to section 20-13, either directly or through a limited liability company, formed pursuant to chapter 613, a corporation, formed pursuant to chapters 601 and 602, or a limited liability partnership, formed pursuant to chapter 614, that is exclusively owned by persons licensed pursuant to section 20-13, or is under the interim control of an estate executor or conservator pending transfer of an ownership interest or control to a person licensed under section 20-13, and (2) after any such transfer or change of ownership or control, persons licensed pursuant to section 20-13, a limited liability company, formed pursuant to chapter 613, a corporation, formed pursuant to chapters 601 and 602, or a limited liability partnership, formed pursuant to chapter 614, that is exclusively owned by persons licensed pursuant to section 20-13, shall own and control no less than a sixty per cent interest in the outpatient surgical facility.

Sec. 105. Subsection (a) of section 19a-499 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) Information received by the Department of Public Health through filed reports, inspection or as otherwise authorized under this chapter, shall not be disclosed publicly in such manner as to identify any patient of an institution, except in a proceeding involving the question of licensure. [or in any proceeding before the Office of Health Care Access involving such institution.]

Sec. 106. Subsection (c) of section 19a-509b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(c) Each hospital that holds or administers one or more hospital bed funds shall make available in a place and manner allowing individual members of the public to easily obtain it, a one-page summary in

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English and Spanish describing hospital bed funds and how to apply for them. The summary shall also describe any other policies regarding the provision of charity care and reduced cost services for the indigent as reported by the hospital to the Office of Health Care Access division of the Department of Public Health pursuant to section 19a-649 and shall clearly distinguish hospital bed funds from other sources of financial assistance. The summary shall include notification that the patient is entitled to reapply upon rejection, and that additional funds may become available on an annual basis. The summary shall be available in the patient admissions office, emergency room, social services department and patient accounts or billing office, and from any collection agent. If during the admission process or during its review of the financial resources of the patient, the hospital reasonably believes the patient will have limited funds to pay for any portion of the patient's hospitalization not covered by insurance, the hospital shall provide the summary to each such patient.

Sec. 107. Section 4-101a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) The Office of Policy and Management [.] may provide grants, technical assistance or consultation services, or any combination thereof, to one or more nongovernmental acute care general hospitals as permitted by this section. Such grants, technical assistance or consultation services shall be consistent with applicable federal disproportionate share regulations, as from time to time amended.

(b) Grants, technical assistance or consultation services, or any combination thereof, provided under this section may be made to assist a nongovernmental acute care general hospital to develop and implement a plan to achieve financial stability and assure the delivery of appropriate health care services in the service area of such hospital, or to assist a nongovernmental acute care general hospital in determining strategies, goals and plans to ensure its financial viability

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or stability. Any such hospital seeking such grants, technical assistance or consultation services shall prepare and submit to the Office of Policy and Management and the Office of Health Care Access division of the Department of Public Health a plan that includes at least the following: (1) A statement of the hospital's current projections of its finances for the current and the next three fiscal years; (2) identification of the major financial issues which effect the financial stability of the hospital; (3) the steps proposed to study or improve the financial status of the hospital and eliminate ongoing operating losses; (4) plans to study or change the mix of services provided by the hospital, which may include transition to an alternative licensure category; and (5) other related elements as determined by the Office of Policy and Management. Such plan shall clearly identify the amount, value or type of the grant, technical assistance or consultation services, or combination thereof, requested. Any grants, technical assistance or consultation services, or any combination thereof, provided under this section shall be determined by the Secretary of the Office of Policy and Management not to jeopardize the federal matching payments under the medical assistance program and the emergency assistance to families program as determined by the Office of Health Care Access division of the Department of Public Health or the Department of Social Services in consultation with the Office of Policy and Management.

(c) There is established a nonlapsing account, from which grants, purchases of services of any type or reimbursement of state costs for services deemed necessary by the Office of Policy and Management to assist one or more nongovernmental acute care general hospitals under this section shall be made.

(d) The submission of a proposed plan by the hospital under subsection (b) of this section may be considered [a letter of intent] an application for the purposes of any certificate of need which may be

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required to change the hospital's service offering.

(e) Upon review and approval of the probable significant benefit of a hospital's submitted plan, the Office of Policy and Management may recommend that a grant be awarded and issue such grant, or contract with one or more consultants to provide technical or other assistance or consultation services, or may provide any combination of such grant and assistance that the office deems necessary or advisable.

Sec. 108. Section 19a-645 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

A nonprofit hospital, licensed by the Department of Public Health, which provides lodging, care and treatment to members of the public, and which wishes to enlarge its public facilities by adding contiguous land and buildings thereon, if any, the title to which it cannot otherwise acquire, may prefer a complaint for the right to take such land to the superior court for the judicial district in which such land is located, provided such hospital shall have received the approval of the Office of Health Care Access [under section 19a-639] division of the Department of Public Health in accordance with the provisions of this chapter. Said court shall appoint a committee of three disinterested persons, who, after examining the premises and hearing the parties, shall report to the court as to the necessity and propriety of such enlargement and as to the quantity, boundaries and value of the land and buildings thereon, if any, which they deem proper to be taken for such purpose and the damages resulting from such taking. If such committee reports that such enlargement is necessary and proper and the court accepts such report, the decision of said court thereon shall have the effect of a judgment and execution may be issued thereon accordingly, in favor of the person to whom damages may be assessed, for the amount thereof; and, on payment thereof, the title to the land and buildings thereon, if any, for such purpose shall be vested in the complainant, but such land and buildings thereon, if any, shall not be

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taken until such damages are paid to such owner or deposited with said court, for such owner's use, within thirty days after such report is accepted. If such application is denied, the owner of the land shall recover costs of the applicant, to be taxed by said court, which may issue execution therefor. Land so taken shall be held by such hospital and used only for the public purpose stated in its complaint to the superior court. No land dedicated or otherwise reserved as open space or park land or for other recreational purposes and no land belonging to any town, city or borough shall be taken under the provisions of this section.

Sec. 109. Section 19a-654 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

The Office of Health Care Access division of the Department of Public Health shall require short-term acute care general or children's hospitals to submit such data, including discharge data, as it deems necessary to fulfill the responsibilities of the office. Such data shall include data taken from medical record abstracts and hospital bills. The timing and format of such submission shall be specified by the office. The data may be submitted through a contractual arrangement with an intermediary. If the data is submitted through an intermediary, the hospital shall ensure that such submission is timely and that the data is accurate. The office may conduct an audit of the data submitted to such intermediary in order to verify its accuracy. Individual patient and physician data identified by proper name or personal identification code submitted pursuant to this section shall be kept confidential, but aggregate reports from which individual patient and physician data cannot be identified shall be available to the public.

Sec. 110. Subsection (c) of section 38a-553 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

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(c) Plans providing minimum standard benefits need not provide benefits for the following: (1) Any charge for any care for any injury or disease either (A) arising out of and in the course of an employment subject to a workers' compensation or similar law or where such benefit is required to be provided under a workers' compensation policy to a sole proprietor, business partner or corporation officer who elects such coverage pursuant to the provisions of chapter 568, or (B) to the extent benefits are payable without regard to fault under a coverage statutorily required to be contained in any motor vehicle or other liability insurance policy or equivalent self-insurance; (2) any charge for treatment for cosmetic purposes other than surgery for the prompt repair of an accidental injury sustained while covered, provided cosmetic shall not mean replacement of any anatomic structure removed during treatment of tumors; (3) any charge for travel, other than transportation by local professional ambulance to the nearest health care institution qualified to treat the illness or injury; (4) any charge for private room accommodations to the extent it is in excess of the institution's most common charge for a semiprivate room; (5) any charge by health care institutions to the extent that it is determined by the carrier that the charge exceeds the rates approved by the Office of Health Care Access division of the Department of Public Health; (6) any charge for services or articles to the extent that it exceeds the reasonable charge in the locality for the service; (7) any charge for services or articles which are determined not to be medically necessary, except that this shall not apply to the fabrication or placement of the prosthesis as specified in subdivision (11) of subsection (a) of this section and subdivision (2) of this subsection; (8) any charge for services or articles the provisions of which is not within the scope of the license or certificate of the institution or individual rendering such services or articles; (9) any charge for services or articles furnished, paid for or reimbursed directly by or under any law of a government, except as otherwise provided [herein] in this subsection; (10) any charge for services or articles for custodial care or

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designed primarily to assist an individual in meeting his activities of daily living; (11) any charge for services which would not have been made if no insurance existed or for which the covered individual is not legally obligated to pay; (12) any charge for eyeglasses, contact lenses or hearing aids or the fitting thereof; (13) any charge for dental care not specifically covered by sections 38a-505, 38a-546 and 38a-551 to 38a-559, inclusive; and (14) any charge for services of a registered nurse who ordinarily resides in the covered individual's home, or who is a member of the covered individual's family or the family of the covered individual's spouse.

Sec. 111. Subsection (a) of section 19a-485 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) Whenever the words "home for the aged" or "homes for the aged" are used or referred to in the following sections of the general statutes, the words "residential care home" or "residential care homes", respectively, shall be substituted in lieu thereof: 1-19, 9-19c, 9-19d, 9-159q, 10a-178, 12-407, 12-412, 17b-340, 17b-341, 17b-344, 17b-352, as amended by this act, 17b-356, as amended by this act, 17b-522, 17b-601, 19a-490, 19a-491, 19a-491a, 19a-504, 19a-521, 19a-521b, 19a-550, 19a-576, [19a-638, 19a-639,] 20-87a, 32-23d, 38a-493 and 38a-520.

Sec. 112. Subsections (b) and (c) of section 19a-486a of the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(b) Prior to any transaction described in subsection (a) of this section, the nonprofit hospital and the purchaser shall concurrently submit a [letter of intent] certificate of need determination letter as described in subsection (c) of section 19a-638, as amended by this act, to the commissioner and the Attorney General by serving it on them by certified mail, return receipt requested, or delivering it by hand to

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each office. Such letter of intent shall contain: (1) The name and address of the nonprofit hospital; (2) the name and address of the purchaser; (3) a brief description of the terms of the proposed agreement; and (4) the estimated capital expenditure, cost or value associated with the proposed agreement. The letter [of intent] shall be subject to disclosure pursuant to section 1-210.

(c) The commissioner and the Attorney General shall review the [letter of intent] certificate of need determination letter. The Attorney General shall determine whether the agreement requires approval pursuant to this chapter. If such approval is required, the commissioner and the Attorney General shall transmit to the purchaser and the nonprofit hospital an application form for approval pursuant to this chapter, unless the commissioner refuses to accept a filed or submitted [letter of intent as provided in section 19a-639e] certificate of need determination letter. Such application form shall require the following information: (1) The name and address of the nonprofit hospital; (2) the name and address of the purchaser; (3) a description of the terms of the proposed agreement; (4) copies of all contracts, agreements and memoranda of understanding relating to the proposed agreement; (5) a fairness evaluation by an independent person who is an expert in such agreements, that includes an analysis of each of the criteria set forth in section 19a-486c; (6) documentation that the nonprofit hospital exercised the due diligence required by subdivision (2) of subsection (a) of section 19a-486c, including disclosure of the terms of any other offers to transfer assets or operations or change control of operations received by the nonprofit hospital and the reason for rejection of such offers; and (7) such other information as the commissioner or the Attorney General deem necessary to their review pursuant to the provisions of sections 19a-486 to 19a-486f, inclusive, as amended by this act, and [sections 19a-637 to 19a-639, inclusive] chapter 368z. The application shall be subject to disclosure pursuant to section 1-210.

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Sec. 113. Section 19a-486b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

Not later than one hundred twenty days after the date of receipt of the completed application pursuant to subsection (d) of section 19a-486a, the Attorney General and the commissioner shall approve the application, with or without modification, or deny the application. The commissioner shall also determine, in accordance with the provisions of chapter 368z, whether to approve, with or without modification, or deny the application for a certificate of need that is part of the completed application. Notwithstanding the provisions of [sections 19a-638 and 19a-639] section 19a-639a, as amended by this act, the commissioner shall complete the decision on the application for a certificate of need within the same time period as the completed application. Such one-hundred-twenty-day period may be extended by agreement of the Attorney General, the commissioner, the nonprofit hospital and the purchaser. If the Attorney General initiates a proceeding to enforce a subpoena pursuant to section 19a-486c or 19a-486d, as amended by this act, the one-hundred-twenty-day period shall be tolled until the final court decision on the last pending enforcement proceeding, including any appeal or time for the filing of such appeal. Unless the one-hundred-twenty-day period is extended pursuant to this section, if the commissioner and Attorney General fail to take action on an agreement prior to the one-hundred-twenty-first day after the date of the filing of the completed application, the application shall be deemed approved.

Sec. 114. Subsection (a) of section 19a-486d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) The commissioner shall deny an application filed pursuant to subsection (d) of section 19a-486a unless the commissioner finds that:

(1) The affected community will be assured of continued access to

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affordable health care; (2) in a situation where the asset or operation to be transferred provides or has provided health care services to the uninsured or underinsured, the purchaser has made a commitment to provide health care to the uninsured and the underinsured; (3) in a situation where health care providers or insurers will be offered the opportunity to invest or own an interest in the purchaser or an entity related to the purchaser safeguard procedures are in place to avoid a conflict of interest in patient referral; and (4) certificate of need authorization is justified in accordance with [sections 19a-637 to 19a-639, inclusive] chapter 368z. The commissioner may contract with any person, including, but not limited to, financial or actuarial experts or consultants, or legal experts with the approval of the Attorney General, to assist in reviewing the completed application. The commissioner shall submit any bills for such contracts to the purchaser. Such bills shall not exceed one hundred fifty thousand dollars. The purchaser shall pay such bills no later than thirty days after the date of receipt of such bills.

Sec. 115. Section 19a-487a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

Any additional mobile field hospital beds and related equipment obtained for the purpose of enhancing the state's bed surge capacity or providing isolation care under the state's public health preparedness planning and response activities shall be exempt from the provisions of [subdivision (2) of] subsection (a) of section 19a-638, as amended by this act.

Sec. 116. Section 19a-643 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) The Department of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the

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provisions of sections 19a-630 to 19a-639e, inclusive, as amended by this act, and sections 19a-644, as amended by this act, and 19a-645, as amended by this act, concerning the submission of data by health care facilities and institutions, including data on dealings between health care facilities and institutions and their affiliates, and, with regard to requests or proposals pursuant to sections 19a-638 [and 19a-639] to 19a-639e, inclusive, as amended by this act, by state health care facilities and institutions, the ongoing inspections by the office of operating budgets that have been approved by the health care facilities and institutions, standard reporting forms and standard accounting procedures to be utilized by health care facilities and institutions and the transferability of line items in the approved operating budgets of the health care facilities and institutions, except that any health care facility or institution may transfer any amounts among items in its operating budget. All such transfers shall be reported to the office within thirty days of the transfer or transfers.

(b) The Department of Public Health may adopt such regulations, in accordance with the provisions of chapter 54, as are necessary to implement this chapter.

[(c) The regulations adopted by the Department of Public Health concerning requests or proposals pursuant to section 19a-639 shall include a fee schedule for certificate of need review under section 19a-639. The fee schedule shall (1) contain a minimum filing fee for all applications under said section 19a-639, (2) be based on a percentage of the requested authorization in addition to the minimum filing fee, and (3) apply to new requests and requests for modification of prior decisions if the modification request has a proposed additional cost of one hundred thousand dollars or more beyond the original authorization amount, or if the modification request aggregated with any other prior modification requests totals one hundred thousand dollars or more. The fee schedule shall be reviewed annually and

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adjusted as necessary.]

Sec. 117. Section 19a-681 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) Each hospital shall file with the office its current pricemaster which shall include each charge in its detailed schedule of charges.

(b) If the billing detail by line item on a patient bill does not agree with the detailed schedule of charges on file with the office for the date of service specified on the bill, the hospital shall be subject to a civil penalty of five hundred dollars per occurrence payable to the state not later than fourteen days after the date of notification. The penalty shall be imposed in accordance with [subsections (b) to (e), inclusive, of] section 19a-653, as amended by this act. The office may issue an order requiring such hospital, not later than fourteen days after the date of notification of an overcharge to a patient, to adjust the bill to be consistent with the schedule of charges on file with the office for the date of service specified on the patient bill.

Sec. 118. Section 51-344b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

Whenever the term "judicial district of Hartford" is used or referred to in the following sections of the general statutes, the term "judicial district of New Britain" shall be substituted in lieu thereof: Subsection (b) of section 3-70a, sections 3-71a and 4-164, subsection (c) of section 4-183, subdivision (4) of subsection (g) of section 10-153e, subparagraph (C) of subdivision (4) of subsection (e) of section 10a-109n, sections 12-3a, 12-89, 12-103, 12-208, 12-237, 12-242hh, 12-242ii, 12-242kk, 12-268l, 12-307, 12-312, 12-330m, 12-405k, 12-422, 12-448, 12-454, 12-463, 12-489, 12-522, 12-554, 12-586g and 12-597, subsection (b) of section 12-638i, sections 12-730, 14-57, 14-66, 14-195, 14-324, 14-331 and 19a-85, subsection (f) of section 19a-332e, [subsection (d) of section 19a-653,]

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sections 20-156, 20-247, 20-307, 20-373, 20-583 and 21a-55, subsection (e) of section 22-7, sections 22-320d and 22-386, subsection (e) of section 22a-6b, section 22a-30, subsection (a) of section 22a-34, subsection (b) of section 22a-34, section 22a-182a, subsection (f) of section 22a-225, sections 22a-227, 22a-344, 22a-374, 22a-408 and 22a-449g, subsection (f) of section 25-32e, section 29-158, subsection (f) of section 29-161z, sections 36b-30 and 36b-76, subsection (f) of section 38a-41, section 38a-52, subsection (c) of section 38a-150, sections 38a-185, 38a-209 and 38a-225, subdivision (3) of section 38a-226b, sections 38a-241, 38a-337 and 38a-657, subsection (c) of section 38a-774, section 38a-776, subsection (c) of section 38a-817 and section 38a-994.

Sec. 119. Subsections (b) to (d), inclusive, of section 33-182bb of the 2010 supplement to the general statutes are repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(b) Any medical foundation organized on or after July 1, 2009, shall file a copy of its certificate of incorporation and any amendments to its certificate of incorporation with the Office of Health Care Access division of the Department of Public Health not later than ten business days after the medical foundation files such certificate of incorporation or amendment with the Secretary of the State pursuant to chapter 602.

(c) Any medical group clinic corporation formed under chapter 594 of the general statutes, revision of 1958, revised to 1995, which amends its certificate of incorporation pursuant to subsection (a) of section 33-182cc, shall file with the Office of Health Care Access division of the Department of Public Health a copy of its certificate of incorporation and any amendments to its certificate of incorporation, including any amendment to its certificate of incorporation that complies with the requirements of subsection (a) of section 33-182cc, not later than ten business days after the medical foundation files its certificate of incorporation or any amendments to its certificate of incorporation with the Secretary of the State.

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(d) Any medical foundation, regardless of when organized, shall file notice with the Office of Health Care Access division of the Department of Public Health and the Secretary of the State of its liquidation, termination, dissolution or cessation of operations not later than ten business days after a vote by its board of directors or members to take such action. Not later than ten business days after receiving a written request from the [Office of Health Care Access] office, a medical foundation shall provide the [Office of Health Care Access] office with a statement of its mission and a description of the services it provides, and a description of any significant change in its services during the preceding year as reported on the medical foundation's most recently filed Internal Revenue Service return of organization exempt from income tax form, or any replacement form adopted by the Internal Revenue Service.

Sec. 120. Subsection (d) of section 19a-644 of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(d) The [Office of Health Care Access] office shall require each hospital licensed by the Department of Public Health, that is not subject to the provisions of subsection (a) of this section, to report to said office on its operations in the preceding fiscal year by filing copies of the hospital's audited financial statements. Such report shall be due at [said] the office on or before the close of business on the last business day of the fifth month following the month in which a hospital's fiscal year ends.

Sec. 121. Section 19a-673c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

On or before March 1, 2004, and annually thereafter, each hospital shall file with the [Office of Health Care Access] office a debt collection report that includes (1) whether the hospital uses a collection agent, as

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defined in section 19a-509b, to assist with debt collection, (2) the name of any collection agent used, (3) the hospital's processes and policies for assigning a debt to a collection agent and for compensating such collection agent for services rendered, and (4) the recovery rate on accounts assigned to collection agents, exclusive of Medicare accounts, in the most recent hospital fiscal year.

Sec. 122. Subdivision (1) of subsection (a) of section 19a-673 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(1) "Cost of providing services" means a hospital's published charges at the time of billing, multiplied by the hospital's most recent relationship of costs to charges as taken from the hospital's most recently available annual financial filing with the [Office of Health Care Access] office.

Sec. 123. Section 19a-669 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

Effective October 1, 1993, and October first of each subsequent year, the Secretary of the Office of Policy and Management shall determine and inform the [Office of Health Care Access] office of the maximum amount of disproportionate share payments and emergency assistance to families eligible for federal matching payments under the medical assistance program pursuant to federal statute and regulations and subdivisions (2) and (28) of subsection (a) of section 12-407, subdivision (1) of section 12-408, subdivision (5) of section 12-412, section 12-414, section 19a-649 and this section and the actual and anticipated appropriation to the medical assistance disproportionate share-emergency assistance account authorized pursuant to sections 3-114i and 12-263a to 12-263e, inclusive, as amended by this act, subdivisions (2) and (29) of subsection (a) of section 12-407, subdivision (1) of section 12-408, section 12-408a, subdivision (5) of

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section 12-412, subdivision (1) of section 12-414 and sections 19a-646, 19a-659, 19a-662, 19a-669 to 19a-670a, inclusive, as amended by this act, 19a-671, 19a-671a, 19a-672, 19a-672a, 19a-673, as amended by this act, and 19a-676, and the amount of emergency assistance to families' payments to eligible hospitals projected for the year, and the anticipated amount of any increase in payments made pursuant to any resolution of any civil action pending on April 1, 1994, in the United States district court for the district of Connecticut. The Department of Social Services shall inform the office of any amount of uncompensated care which the Department of Social Services determines is due to a failure on the part of the hospital to register patients for emergency assistance to families, or a failure to bill properly for emergency assistance to families' patients. If during the course of a fiscal year the Secretary of the Office of Policy and Management determines that these amounts should be revised, said secretary shall so notify the office and the office may modify its calculation pursuant to section 19a-671 to reflect such revision and its orders as it deems appropriate and the Commissioner of Social Services may modify said commissioner's determination pursuant to section 19a-671.

Sec. 124. Subsection (b) of section 19a-122c of the 2010 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(b) On or before September 30, 2011, such pilot program shall comply with the provisions of sections 19a-638, as amended by this act, and [19a-639] 19a-639a, as amended by this act.

Sec. 125. Subsection (a) of section 16-245e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section, [and] sections 16-245f to 16-245k,

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inclusive, as amended by this act and section 16-245m, as amended by this act:

(1) "Rate reduction bonds" means bonds, notes, certificates of participation or beneficial interest, or other evidences of indebtedness or ownership, issued pursuant to an executed indenture or other agreement of a financing entity, in accordance with this section and sections 16-245f to 16-245k, inclusive, as amended by this act, the proceeds of which are used, directly or indirectly, to provide, recover, finance, or refinance stranded costs or economic recovery transfer, or to sustain funding of conservation and load management and renewable energy investment programs by substituting for disbursements to the General Fund from the Energy Conservation and Load Management Fund established by section 16-245m and from the Renewable Energy Investment Fund established by section 16-245n, and which, directly or indirectly, are secured by, evidence ownership interests in, or are payable from, transition property;

(2) "Competitive transition assessment" means those non-bypassable rates and other charges, that are authorized by the department (A) in a financing order in respect to the economic recovery transfer, or in a financing order, to sustain funding of conservation and load management and renewable energy investment programs by substituting disbursements to the General Fund from proceeds of rate reduction bonds for such disbursements from the Energy Conservation and Load Management Fund established by section 16-245m and from the Renewable Energy Investment Fund established by section 16-245n, or to recover those stranded costs that are eligible to be funded with the proceeds of rate reduction bonds pursuant to section 16-245f, as amended by this act, and the costs of providing, recovering, financing, or refinancing the economic recovery transfer or such substitution of disbursements to the General Fund or such stranded costs through a plan approved by the department in the financing

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order, including the costs of issuing, servicing, and retiring rate reduction bonds, (B) to recover those stranded costs determined under this section but not eligible to be funded with the proceeds of rate reduction bonds pursuant to section 16-245f, as amended by this act, or (C) to recover costs determined under subdivision (1) of subsection (e) of section 16-244g. If requested by the electric company or electric distribution company, the department shall include in the competitive transition assessment non-bypassable rates and other charges to recover federal and state taxes whose recovery period is modified by the transactions contemplated in this section and sections 16-245f to 16-245k, inclusive, as amended by this act;

(3) "Customer" means any individual, business, firm, corporation, association, tax-exempt organization, joint stock association, trust, partnership, limited liability company, the United States or its agencies, this state, any political subdivision thereof or state agency that purchases electric generation or distribution services as a retail end user in the state from any electric supplier, electric company or electric distribution company;

(4) "Finance authority" means the state, acting through the office of the State Treasurer;

(5) "Net proceeds" means "net proceeds" as defined in section 16-244f;

(6) "Stranded costs" means that portion of generation assets, generation-related regulatory assets or long-term contract costs determined by the department in accordance with the provisions of subsections (e), (f), (g) and (h) of this section;

(7) "Generation assets" means the total construction and other capital asset costs of generation facilities approved for inclusion in rates before July 1, 1997, but does not include any costs relating to the

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decommissioning of any such facility or any costs which the department found during a proceeding initiated before July 1, 1998, were incurred because of imprudent management;

(8) "Generation-related regulatory assets" means generation-related costs authorized or mandated before July 1, 1998, by the Department of Public Utility Control, approved for inclusion in the rates, and include, but are not limited to, costs incurred for deferred taxes, conservation programs, environmental protection programs, public policy costs and research and development costs, net of any applicable credits payable to customers, but does not include any costs which the department found during a proceeding initiated before July 1, 1998, were incurred because of imprudent management;

(9) "Long-term contract costs" mean the above-market portion of the costs of contractual obligations approved for inclusion in the rates that were entered into before January 1, 2000, arising from independent power producer contracts required by law or purchased power contracts approved by the Federal Energy Regulatory Commission;

(10) "Department" means the Department of Public Utility Control;

(11) "Financing entity" means the finance authority or any special purpose trust or other entity that is authorized by the finance authority to issue rate reduction bonds or acquire transition property pursuant to such terms and conditions as the finance authority may specify, or both;

(12) "Financing order" means an order of the department adopted in accordance with this section and sections 16-245f to 16-245k, inclusive, as amended by this act;

(13) "Transition property" means the property right created pursuant to this section and sections 16-245f to 16-245k, inclusive, as amended by this act, in respect to the economic recovery transfer or in

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respect of disbursements to the General Fund to sustain funding of conservation and load management and renewable energy investment programs or those stranded costs that are eligible to be funded with the proceeds of rate reduction bonds pursuant to section 16-245f, as amended by this act, including, without limitation, the right, title, and interest of an electric company or electric distribution company or its transferee or the financing entity (A) in and to the rates and charges established pursuant to a financing order, as adjusted from time to time in accordance with subdivision (2) of subsection (b) of section 16-245i, as amended by this act, and the financing order, (B) to be paid the amount that is determined in a financing order to be the amount that the electric company or electric distribution company or its transferee or the financing entity is lawfully entitled to receive pursuant to the provisions of this section and sections 16-245f to 16-245k, inclusive, as amended by this act, and the proceeds thereof, and in and to all revenues, collections, claims, payments, money, or proceeds of or arising from the rates and charges or constituting the competitive transition assessment that is the subject of a financing order including those non-bypassable rates and other charges referred to in subdivision (2) of this subsection, and (C) in and to all rights to obtain adjustments to the rates and charges pursuant to the terms of subdivision (2) of subsection (b) of section 16-245i, as amended by this act, and the financing order. "Transition property" shall constitute a current property right notwithstanding the fact that the value of the property right will depend on consumers using electricity or, in those instances where consumers are customers of a particular electric company or electric distribution company, the electric company or electric distribution company performing certain services;

(14) "State rate reduction bonds" means the rate reduction bonds issued on June 23, 2004, by the state to sustain funding of conservation and load management and renewable energy investment programs by substituting for disbursements to the General Fund from the Energy

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Conservation and Load Management Fund, established by section 16-245m, and from the Renewable Energy Investment Fund, established by section 16-245n. The state rate reduction bonds for the purposes of section 4-30a shall be deemed to be outstanding indebtedness of the state;

(15) "Operating expenses" means, with respect to state rate reduction bonds or economic recovery revenue bonds, (A) all expenses, costs and liabilities of the state or the trustee incurred in connection with the administration or payment of the state rate reduction bonds or economic recovery revenue bonds, or in discharge of its obligations and duties under the state rate reduction bonds or economic recovery revenue bonds, or bond documents, expenses and other costs and expenses arising in connection with the state rate reduction bonds or economic recovery revenue bonds, or pursuant to the financing order providing for the issuance of such bonds including any arbitrage rebate and penalties payable under the code in connection with such bonds, and (B) all fees and expenses payable or disburseable to the servicers or others under the bond documents;

(16) "Bond documents" means, with respect to state rate reduction bonds or economic recovery revenue bonds, the following documents: The servicing agreements, the tax compliance agreement and certificate, and the continuing disclosure agreement and indenture entered into in connection with the state rate reduction bonds [and the indenture] or the economic recovery revenue bonds;

(17) "Indenture" means the indenture executed in connection with the state rate reduction bonds or the economic recovery revenue bonds, or, with respect to state rate reduction bonds, the RRB Indenture, dated as of June 23, 2004, by and between the state and the trustee, as amended from time to time; [and]

(18) "Trustee" means, with respect to state rate reduction bonds, the

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trustee appointed under the indenture;

(19) "Economic recovery transfer" means the disbursement to the General Fund of nine hundred fifty-six million dollars from proceeds of the issuance of the economic recovery revenue bonds; and

(20) "Economic recovery revenue bonds" means rate reduction bonds issued to fund the economic recovery transfer, the costs of issuance, credit enhancements, operating expenses and such other costs as the finance authority deems necessary or advisable, and which shall be payable from competitive transition assessment charges that replace the competitive transition assessment charges funding stranded costs and that are offset in part by decreases to the charges funding the Energy Conservation and Load Management Fund, as provided in subdivision (3) of subsection (a) of section 16-245m, as amended by this act.

Sec. 126. Section 16-245f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) An electric company or electric distribution company shall submit to the department an application for a financing order with respect to any proposal to sustain funding of conservation and load management and renewable energy investment programs by substituting disbursements to the General Fund from proceeds of rate reduction bonds for such disbursements from the Energy Conservation and Load Management Fund established by section 16-245m and from the Renewable Energy Investment Fund established by section 16-245n, and may submit to the department an application for a financing order with respect to the following stranded costs: (1) The cost of mitigation efforts, as calculated pursuant to subsection (c) of section 16-245e; (2) generation-related regulatory assets, as calculated pursuant to subsection (e) of section 16-245e; and (3) those long-term contract costs that have been reduced to a fixed present value through

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the buyout, buydown, or renegotiation of such contracts, as calculated pursuant to subsection (f) of section 16-245e. No stranded costs shall be funded with the proceeds of rate reduction bonds unless (A) the electric company or electric distribution company proves to the satisfaction of the department that the savings attributable to such funding will be directly passed on to customers through lower rates, and (B) the department determines such funding will not result in giving the electric distribution company or any generation entities or affiliates an unfair competitive advantage. The department shall hold a hearing for each such electric distribution company to determine the amount of disbursements to the General Fund from proceeds of rate reduction bonds that may be substituted for such disbursements from the Energy Conservation and Load Management Fund established by section 16-245m and from the Renewable Energy Investment Fund established by section 16-245n, and thereby constitute transition property and the portion of stranded costs that may be included in such funding and thereby constitute transition property. Any hearing shall be conducted as a contested case in accordance with chapter 54, except that any hearing with respect to a financing order or other order to sustain funding for conservation and load management and renewable energy investment programs by substituting the disbursement to the General Fund from the Energy Conservation and Load Management Fund established by section 16-245m and from the Renewable Energy Investment Fund established by section 16-245n shall not be a contested case, as defined in section 4-166. The department shall not include any rate reduction bonds as debt of an electric distribution company in determining the capital structure of the company in a rate-making proceeding, for calculating the company's return on equity or in any manner that would impact the electric distribution company for rate-making purposes, and shall not approve such rate reduction bonds that include covenants that have provisions prohibiting any change to their appointment of an administrator of the Energy Conservation and Load Management

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Fund. Nothing in this subsection shall be deemed to affect the terms of subsection (b) of section 16-245m.

(b) Prior to September 1, 2010, each electric distribution company shall submit to the department an application for a financing order with respect to funding the economic recovery transfer through the issuance of economic recovery revenue bonds. The department shall hold a hearing for each such electric distribution company to determine the amount necessary to fund the economic recovery transfer, the payment of economic recovery revenue bonds, costs of issuance, credit enhancements and operating expenses for the economic recovery revenue bonds. Such amount as determined by the department shall constitute transition property. The department shall allocate the responsibility for the funding of the economic recovery transfer and the expenses of the economic recovery revenue bonds equitably between the electric distribution companies. Such allocation may provide that the respective charges payable by the customers of each electric distribution company may commence on different dates and that such rates may vary over the period the economic recovery revenue bonds and the related operating expenses are being paid, provided (1) such charges are equitably allocated to the customers of each electric distribution company, and (2) the department determines that, over such period, and taking into account the timing of charges, the charges on a kilowatt hour basis assessed to the customers of the respective electric distribution companies have substantially the same present value after consultation with the finance authority as to the discount rate to be used in determining such present value. Any hearing with respect to a financing order in respect to the economic recovery transfer and the issuance of economic recovery revenue bonds shall not be a contested case, as defined in section 4-166. The department shall issue a financing order in respect to the economic recovery revenue bonds for each electric distribution company on or before October 1, 2010. In such financing order, the department shall

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determine the competitive transition assessment in respect of the economic recovery revenue bonds, which shall not be assessed prior to June 30, 2011, unless the department sets an earlier date in the financing order. A component of the competitive transition assessment in respect of the economic recovery revenue bonds shall be equal to the decreases to the charges provided in subdivision (3) of subsection (a) of section 16-245m, as amended by this act, funding the Energy Conservation and Load Management Fund. The portion of the competitive transition assessment in respect to the economic recovery revenue bonds equal to such decreases shall be assessed and collected from the date such charges are reduced pursuant to the financing order. The department may provide in such financing order that money from other sources, including proceeds of charges assessed customers of municipal electric companies, transferred to the trustee under the indenture and intended to be used to pay debt service on the bonds shall be taken into account in making adjustments to the competitive transition assessment pursuant to subdivision (2) of subsection (b) of section 16-245i, as amended by this act, if such payment is not made from General Fund revenues and would not adversely affect the tax status or credit rating of economic recovery revenue bonds.

(c) The department, during the period commencing on January 1, 2011, and ending June 30, 2011, shall assess or cause to be assessed a charge per kilowatt hour of electricity sold to each end use customer of an electric distribution company and shall cause such assessments to be remitted to the General Fund. The department shall set such charge at a level which the department estimates will generate forty million dollars during the period it is assessed. Such charge shall not be assessed after June 30, 2011.

Sec. 127. Subsection (c) of section 16-245g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from*

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passage):

(c) The competitive transition assessment shall be determined by the department in a general and equitable manner and, in accordance with the provisions of subsection (b) of section 16-245f, as amended by this act, shall be imposed on all customers at a rate that is applied equally to all customers of the same class in accordance with methods of allocation in effect on July 1, 1998, provided the competitive transition assessment shall not be imposed on customers receiving services under a special contract which is in effect on July 1, 1998, until such special contract expires. The competitive transition assessment shall be imposed beginning on January 1, 2000, on all customers receiving services under a special contract which is entered into or renewed after July 1, 1998. The competitive transition assessment shall have a generally applicable manner of determination that may be measured on the basis of percentages of total costs of retail sales of electric generation services. [The] Subject to the provisions of subsection (b) of section 16-245f, as amended by this act, the competitive transition assessment shall be payable by customers on an equal basis on the same payment terms and shall be eligible or subject to prepayment on an equal basis. Any exemption of the competitive transition assessment by customers under a special contract shall not result in an increase in rates to any customer.

Sec. 128. Subsections (a) and (b) of section 16-245h of the general statutes are repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The competitive transition assessment described in subparagraph (A) of subdivision (2) of subsection (a) of section 16-245e, as amended by this act, shall constitute transition property when, and to the extent that, a financing order authorizing such portion of the competitive transition assessment has become effective in accordance with sections 16-245e to 16-245k, inclusive, as amended by

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this act, and the transition property shall thereafter continuously exist as property for all purposes with all of the rights and privileges of sections 16-245e to 16-245k, inclusive, as amended by this act, for the period and to the extent provided in the financing order, but in any event until the rate reduction bonds are paid in full, including all principal, interest, premium, costs, and arrearages on such bonds. Prior to its sale or other transfer by the electric company or electric distribution company pursuant to sections 16-245e to 16-245k, inclusive, as amended by this act, transition property, other than transition property in respect of the economic recovery transfer or in respect to disbursements to the General Fund to sustain funding of conservation and load management and renewable energy investment programs, shall be a vested contract right of the electric company or electric distribution company, notwithstanding any contrary treatment thereof for accounting, tax, or other purpose. Transition property in respect of disbursements to the General Fund to sustain funding of conservation and load management and renewable energy investment programs shall immediately upon its creation vest solely in the financing entity. Transition property in respect to the economic recovery transfer shall immediately upon its creation vest solely in the financing entity. The electric company or electric distribution company shall have no right, title or interest in transition property in respect to the economic recovery transfer or in respect of disbursements to the General Fund to sustain funding of conservation and load management and renewable energy investment programs, and in respect of such transition property shall be only a collection agent on behalf of the financing entity.

(b) Any surplus competitive transition assessment described in subparagraph (A) of subdivision (2) of subsection (a) of section 16-245e, as amended by this act, in excess of the amounts necessary to pay principal, premium, if any, interest and expenses of the issuance of the rate reduction bonds issued prior to January 1, 2002, after such bonds

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have been defeased or paid in full, shall be remitted to the finance authority who shall apply such charges to the payment of economic recovery revenue bonds and cause such charges to be credited against the payment obligation in respect to the economic recovery revenue bonds of the customers making such excess payments. If the economic recovery revenue bonds are not issued, the finance authority shall transfer such excess charges to the General Fund. Any surplus competitive transition assessment described in subparagraph (A) of subdivision (2) of subsection (a) of section 16-245e, as amended by this act, in excess of the amounts necessary to pay principal, premium, if any, interest and expenses of the issuance of the rate reduction bonds issued on or after May 1, 2010, shall be remitted to the financing entity and may be used to benefit customers. [if this would not] No funds shall be remitted, applied or used in accordance with the terms of this subsection if such remittance, application or use would result in a recharacterization of the tax, accounting, and other intended characteristics of the financing, including, but not limited to, the following:

(1) Avoiding the recognition of debt on the electric company's or the electric distribution company's balance sheet for financial accounting and regulatory purposes;

(2) Treating the rate reduction bonds as debt of the electric company or electric distribution company or its affiliates for federal income tax purposes;

(3) Treating the transfer of the transition property by the electric company or electric distribution company as a true sale for bankruptcy purposes; or

(4) Avoiding any adverse impact of the financing on the credit rating of the rate reduction bonds or the electric company or electric distribution company.

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Sec. 129. Subsections (a) and (b) of section 16-245i of the general statutes are repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The department may issue financing orders in accordance with sections 16-245e to 16-245k, inclusive, as amended by this act, to fund the economic recovery transfer, to sustain funding of conservation and load management and renewable energy investment programs by substituting disbursements to the General Fund from proceeds of rate reduction bonds for such disbursements from the Energy Conservation and Load Management Fund established by section 16-245m and from the Renewable Energy Investment Fund established by section 16-245n, and to facilitate the provision, recovery, financing, or refinancing of stranded costs. [A] Except for a financing order in respect to the economic recovery revenue bonds, a financing order may be adopted only upon the application of an electric company or electric distribution company, pursuant to section 16-245f, as amended by this act, and shall become effective in accordance with its terms only after the electric company or electric distribution company files with the department the electric company's or the electric distribution company's written consent to all terms and conditions of the financing order. Any financing order in respect to the economic recovery revenue bonds shall be effective on issuance.

(b) (1) Notwithstanding any general or special law, rule, or regulation to the contrary, except as otherwise provided in this subsection with respect to transition property that has been made the basis for the issuance of rate reduction bonds, the financing orders and the competitive transition assessment shall be irrevocable and the department shall not have authority either by rescinding, altering, or amending the financing order or otherwise, to revalue or revise for rate-making purposes the stranded costs, or the costs of providing, recovering, financing, or refinancing the stranded costs, the amount of

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the economic recovery transfer or the amount of disbursements to the General Fund from proceeds of rate reduction bonds substituted for such disbursements from the Energy Conservation and Load Management Fund established by section 16-245m and from the Renewable Energy Investment Fund established by section 16-245n, determine that the competitive transition assessment is unjust or unreasonable, or in any way reduce or impair the value of transition property either directly or indirectly by taking the competitive transition assessment into account when setting other rates for the electric company or electric distribution company; nor shall the amount of revenues arising with respect thereto be subject to reduction, impairment, postponement, or termination.

(2) Notwithstanding any other provision of this section, the department shall approve the adjustments to the competitive transition assessment as may be necessary to ensure timely recovery of all stranded costs that are the subject of the pertinent financing order, and the costs of capital associated with the provision, recovery, financing, or refinancing thereof, including the costs of issuing, servicing, and retiring the rate reduction bonds issued to recover stranded costs contemplated by the financing order and to ensure timely recovery of the costs of issuing, servicing, and retiring the rate reduction bonds issued to sustain funding of conservation and load management and renewable energy investment programs contemplated by the financing order, and to ensure timely recovery of the costs of issuing, servicing and retiring the economic recovery revenue bonds issued to fund the economic recovery transfer contemplated by the financing order.

(3) Notwithstanding any general or special law, rule, or regulation to the contrary, any requirement under sections 16-245e to 16-245k, inclusive, as amended by this act, or a financing order that the department take action with respect to the subject matter of a financing order shall be binding upon the department, as it may be constituted

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from time to time, and any successor agency exercising functions similar to the department and the department shall have no authority to rescind, alter, or amend that requirement in a financing order. Section 16-43 shall not apply to any sale, assignment, or other transfer of or grant of a security interest in any transition property or the issuance of rate reduction bonds under sections 16-245e to 16-245k, inclusive, as amended by this act.

Sec. 130. Subsection (a) of section 16-245j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) A financing entity may issue rate reduction bonds upon approval by the department in the pertinent financing order. Rate reduction bonds shall be nonrecourse to the credit or any assets of the electric company, [or] electric distribution company or the finance authority, other than the transition property as specified in the pertinent financing order.

Sec. 131. Subsection (c) of section 16-245j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) (1) Financing orders and rate reduction bonds shall not be deemed to constitute a debt or liability of the state or of any political subdivision thereof, other than the financing entity, shall not constitute a pledge of the full faith and credit of the state or any of its political subdivisions, other than the financing entity, but shall be payable solely from the funds provided under sections 16-245e to 16-245k, inclusive, as amended by this act, and shall not constitute an indebtedness of the state within the meaning of any constitutional or statutory debt limitation or restriction and, accordingly, shall not be subject to any statutory limitation on the indebtedness of the state and shall not be included in computing the aggregate indebtedness of the

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state in respect to and to the extent of any such limitation. This subsection shall in no way preclude bond guarantees or enhancements pursuant to sections 16-245e to 16-245k, inclusive, as amended by this act. All rate reduction bonds shall contain on the face thereof a statement to the following effect: "Neither the full faith and credit nor the taxing power of the State of Connecticut is pledged to the payment of the principal of, or interest on, this bond."

(2) The issuance of rate reduction bonds under sections 16-245e to 16-245k, inclusive, as amended by this act, shall not directly, indirectly, or contingently obligate the state or any political subdivision thereof to levy or to pledge any form of taxation therefor or to make any appropriation for their payment.

(3) The exercise of the powers granted by sections 16-245e to 16-245k, inclusive, as amended by this act, shall be in all respects for the benefit of the people of this state, for the increase of their commerce, welfare, and prosperity, and as the exercise of such powers shall constitute the performance of an essential public function, neither the finance authority, any electric company or electric distribution company, any affiliate of any electric company or electric distribution company, any financing entity, or any collection or other agent of any of the foregoing shall be required to pay any taxes or assessments upon or in respect of any revenues or property received, acquired, transferred, or used by the finance authority, any electric company or electric distribution company, any affiliate of any electric company or electric distribution company, any financing entity, or any collection or other agent of any of the foregoing under the provisions of sections 16-245e to 16-245k, inclusive, as amended by this act, or upon or in respect of the income therefrom, and any rate reduction bonds shall be treated as issued by or on behalf of a public instrumentality created under the laws of the state for purposes of chapter 229.

(4) (A) The proceeds of any rate reduction bonds, other than

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economic recovery revenue bonds, shall be used for the purposes approved by the department in the financing order, including, but not limited to, disbursements to the General Fund in substitution for such disbursements from the Energy Conservation and Load Management Fund established by section 16-245m and from the Renewable Energy Investment Fund established by section 16-245n, the costs of refinancing or retiring of debt of the electric company or electric distribution company, and associated federal and state tax liabilities; provided such proceeds shall not be applied to purchase generation assets or to purchase or redeem stock or to pay dividends to shareholders or operating expenses other than taxes resulting from the receipt of such proceeds.

(B) The proceeds of any economic recovery revenue bonds shall be used for the purposes approved by the department in the financing order, including, but not limited to, funding the economic recovery transfer, provided such proceeds shall not be applied to purchase generation assets or to purchase or redeem stock or to pay dividends to shareholders or operating expenses other than taxes resulting from the receipt of such proceeds.

(5) Rate reduction bonds are made and declared (A) securities in which all public officers and public bodies of the state and its political subdivisions, all insurance companies, state banks and trust companies, national banking associations, savings banks, savings and loan associations, investment companies, executors, administrators, trustees and other fiduciaries may properly and legally invest funds, including capital in their control or belonging to them, and (B) securities which may properly and legally be deposited with and received by any state or municipal officer or any agency or political subdivision of the state for any purpose for which the deposit of bonds or obligations of the state is now or may be authorized.

(6) Rate reduction bonds, other than economic recovery revenue

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bonds, shall mature at such time or times approved by the department in the financing order; provided that such maturity shall not be later than December 31, 2011. Economic recovery revenue bonds shall mature at such time or times approved by the department in the financing order, provided such maturity shall not be later than eight years after the date of issuance, provided such maturity may be extended for economic reasons, upon the advice of the financing entity.

(7) Rate reduction bonds issued and at any time outstanding may, if and to the extent permitted under the indenture or other agreement pursuant to which they are issued, be refunded by other rate reduction bonds.

Sec. 132. Subsection (e) of section 16-245j of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(e) [When the state is the authorized financing entity] In conjunction with the issuance of economic recovery revenue bonds or state rate reduction bonds: (1) The Treasurer may enter into a trust indenture for the benefit of holders of the rate reduction bonds with a corporate trustee, which may be any trust company or commercial bank qualified to do business within or without the state; such trust indenture shall be consistent with the financing order and may contain such other provisions as may be appropriate including those regulating the investment of funds and the remedies of bondholders; (2) the Treasurer may make representations and agreements for the benefit of the holders of rate reduction bonds to make secondary market disclosures; (3) the Treasurer may enter into interest rate swap agreements and other agreements for the purpose of moderating interest rate risk on rate reduction bonds as permitted elsewhere within sections 16-245e to 16-245k, inclusive, as amended by this act, provided the obligations under such agreements are payable from the

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transition property; (4) the Treasurer may enter into such other agreements and instruments to secure the rate reduction bonds as provided in sections 16-245f to 16-245k, inclusive, as amended by this act; and (5) the Treasurer may take such other actions as necessary or appropriate for the issuance and distribution of the rate reduction bonds pursuant to the financing order and the Treasurer and the Secretary of the Office of Policy and Management may make representations and agreements for the benefit of the holders of the rate reduction bonds which are necessary or appropriate to ensure exclusion of the interest payable on the rate reduction bonds from gross income under the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended.

Sec. 133. Subsection (l) of section 16-245k of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(l) The authority of the department to issue financing orders pursuant to sections 16-245e to 16-245k, inclusive, as amended by this act, shall expire on December 31, 2008, with respect to bonds other than economic recovery revenue bonds. The authority of the department to issue financing orders pursuant to sections 16-245e to 16-245k, inclusive, as amended by this act, with respect to economic recovery revenue bonds shall expire on December 31, 2012. The expiration of the authority shall have no effect upon financing orders adopted by the department pursuant to sections 16-245e to 16-245k, inclusive, as amended by this act, or any transition property arising therefrom, or upon the charges authorized to be levied thereunder, or the rights, interests, and obligations of the electric company or electric distribution company or a financing entity or holders of rate reduction bonds pursuant to the financing order, or the authority of the department to monitor, supervise, or take further action with respect

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to the financing order in accordance with the terms of sections 16-245e to 16-245k, inclusive, as amended by this act, and of the financing order.

Sec. 134. Subsection (a) of section 16-245m of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) (1) On and after January 1, 2000, the Department of Public Utility Control shall assess or cause to be assessed a charge of three mills per kilowatt hour of electricity sold to each end use customer of an electric distribution company to be used to implement the program as provided in this section for conservation and load management programs but not for the amortization of costs incurred prior to July 1, 1997, for such conservation and load management programs.

(2) Notwithstanding the provisions of this section, receipts from such charge shall be disbursed to the resources of the General Fund during the period from July 1, 2003, to June 30, 2005, unless the department shall, on or before October 30, 2003, issue a financing order for each affected electric distribution company in accordance with sections 16-245e to 16-245k, inclusive, as amended by this act, to sustain funding of conservation and load management programs by substituting an equivalent amount, as determined by the department in such financing order, of proceeds of rate reduction bonds for disbursement to the resources of the General Fund during the period from July 1, 2003, to June 30, 2005. The department may authorize in such financing order the issuance of rate reduction bonds that substitute for disbursement to the General Fund for receipts of both the charge under this subsection and under subsection (b) of section 16-245n, as amended by this act, and also may, in its discretion, authorize the issuance of rate reduction bonds under this subsection and subsection (b) of section 16-245n, as amended by this act, that relate to more than one electric distribution company. The department

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shall, in such financing order or other appropriate order, offset any increase in the competitive transition assessment necessary to pay principal, premium, if any, interest and expenses of the issuance of such rate reduction bonds by making an equivalent reduction to the charge imposed under this subsection, provided any failure to offset all or any portion of such increase in the competitive transition assessment shall not affect the need to implement the full amount of such increase as required by this subsection and by sections 16-245e to 16-245k, inclusive, as amended by this act. Such financing order shall also provide if the rate reduction bonds are not issued, any unrecovered funds expended and committed by the electric distribution companies for conservation and load management programs, provided such expenditures were approved by the department after August 20, 2003, and prior to the date of determination that the rate reduction bonds cannot be issued, shall be recovered by the companies from their respective competitive transition assessment or systems benefits charge but such expenditures shall not exceed four million dollars per month. All receipts from the remaining charge imposed under this subsection, after reduction of such charge to offset the increase in the competitive transition assessment as provided in this subsection, shall be disbursed to the Energy Conservation and Load Management Fund commencing as of July 1, 2003. Any increase in the competitive transition assessment or decrease in the conservation and load management component of an electric distribution company's rates resulting from the issuance of or obligations under rate reduction bonds shall be included as rate adjustments on customer bills.

(3) In the financing order authorizing the economic recovery revenue bonds, or other appropriate order, the department shall reduce the charge assessed by subdivision (1) of this subsection by thirty-five per cent. Such reduction shall become effective on April 4, 2012, or such earlier date set by the department in the financing order.

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An amount equivalent to such reduction shall constitute a portion of the competitive transition assessment in respect of the economic recovery revenue bonds, provided any failure to offset all or any portion of such competitive transition assessment shall not affect the requirement to implement the full amount of such competitive transition assessment, as required by sections 16-245e to 16-245k, inclusive, as amended by this act. All receipts from the remaining charge, after reduction of such charge as provided in this subsection, shall be disbursed to the Energy Conservation and Load Management Fund. The competitive transition assessment in respect to the economic recovery revenue bonds or the decrease in the conservation and load management component of an electric distribution company's rates resulting from the issuance of or obligations under the economic recovery revenue bonds shall be included as rate adjustments on customer bills.

Sec. 135. (NEW) (*Effective from passage*) (a) For the purposes of this section:

(1) "Participating qualified nonprofit organizations" means individuals, nonprofit organizations and small businesses;

(2) "Small business" means a business entity employing not more than fifty full-time employees;

(3) "Eligible energy conservation project" means an energy conservation project meeting the criteria identified, as provided in subsection (d) of this section; and

(4) "Participating lending institution" means any bank, trust company, savings bank, savings and loan association or credit union, whether chartered by the United States of America or this state, or any insurance company authorized to do business in this state that participates in the Green Connecticut Loan Guaranty Fund program.

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(b) The Connecticut Health and Educational Facilities Authority shall establish the Green Connecticut Loan Guaranty Fund program from the proceeds of the bonds issued pursuant to section 6 of public act 05-2 of the October 25 special session, as amended by section 2 of public act 07-242, section 210 of public act 10-44 and section 137 of this act for the purpose of guaranteeing loans made by participating lending institutions to a participating qualified nonprofit organization for eligible energy conservation projects, including for two or more joint eligible energy conservation projects. In carrying out the purposes of this section, the authority shall have and may exercise the powers provided in section 10a-180 of the general statutes.

(c) Participating qualified nonprofit organizations may borrow money from a participating lending institution for any energy conservation project for which the authority provides guaranties pursuant to this section. In connection with the provision of such a guaranty by the Connecticut Health and Educational Facilities Authority, (1) a participating qualified nonprofit organization shall enter into any loan or other agreement and make such covenants, representations and indemnities as a participating lending institution deems necessary or appropriate; and (2) a participating lending institution shall enter into a guaranty agreement with the authority, pursuant to which the authority has agreed to provide a first loss guaranty of an agreed percentage of the original principal amount of loans for eligible energy conservation projects.

(d) In consultation with the Office of Policy and Management, the Connecticut Health and Educational Facilities Authority shall identify types of projects that qualify as eligible energy conservation projects, including, but not limited to, the purchase and installation of insulation, alternative energy devices, energy conservation materials, replacement furnaces and boilers, and technologically advanced energy-conserving equipment. The authority, in consultation with said

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office, shall establish priorities for financing eligible energy conservation projects based on need and quality determinants. The authority shall adopt procedures, in accordance with the provisions of section 1-121 of the general statutes, to implement the provisions of this section.

Sec. 136. (NEW) (*Effective from passage*) The Connecticut Health and Educational Facilities Authority shall establish a "Green Connecticut Loan Guaranty Fund". Such fund shall be used for the purposes of guaranteeing loans authorized under section 135 of this act, and may be used for expenses incurred by said authority in the implementation of the program under said section.

Sec. 137. Section 6 of public act 05-2 of the October 25 special session, as amended by section 2 of public act 07-242 and section 210 of public act 10-44, is amended to read as follows (*Effective July 1, 2010*):

(a) The State Bond Commission shall have the power, from time to time, to authorize the issuance of bonds of the state in one or more series and in principal amounts not exceeding in the aggregate [two million] five million dollars [for the fiscal year ending June 30, 2008, five million dollars for the fiscal year ending June 30, 2011, and five million dollars annually thereafter] per year. [The] Except as provided in subsection (b) of this section, the proceeds of the sale of said bonds shall be deposited in the Energy Conservation Loan Fund established under section 16a-40a of the general statutes for the purposes of making and guaranteeing loans and deferred loans as provided in section 5 of public act 05-2 of the October 25 special session and section 1 of public act 07-242. All provisions of section 3-20 of the general statutes, or the exercise of any right or power granted thereby which are not inconsistent with the provisions of sections 16a-40 to 16a-40b, inclusive, of the general statutes, as amended by section 5 of public act 05-191, and this section are hereby adopted and shall apply to all bonds authorized by the State Bond Commission pursuant to said

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sections 16a-40 to 16a-40b, inclusive, and this section, and temporary notes in anticipation of the money to be derived from the sale of any such bonds so authorized may be issued in accordance with said section 3-20 and from time to time renewed. Such bonds shall mature at such time or times not exceeding twenty years from their respective dates as may be provided in or pursuant to the resolution or resolutions of the State Bond Commission authorizing such bonds. Said bonds issued pursuant to said sections 16a-40 to 16a-40b, inclusive, and this section shall be general obligations of the state and the full faith and credit of the state of Connecticut are pledged for the payment of the principal of and interest on said bonds as the same become due, and accordingly and as part of the contract of the state with the holders of said bonds, appropriation of all amounts necessary for punctual payment of such principal and interest is hereby made, and the Treasurer shall pay such principal and interest as the same become due.

(b) As of the effective date of this section, proceeds of the sale of said bonds which have been authorized as provided in subsection (a) of this section, but have not been allocated by the State Bond Commission, and the additional amount of five million dollars authorized by this section on July 1, 2010, shall be deposited in the Green Connecticut Loan Guaranty Fund established pursuant to section 136 of this act, and shall be used by the Connecticut Health and Educational Facilities Authority for purposes of the Green Connecticut Loan Guaranty Fund program established pursuant to section 135 of this act, provided not more than eighteen million dollars shall be deposited in the Green Connecticut Loan Guaranty Fund. Such additional amounts may be deposited in the Green Connecticut Loan Guaranty Fund as the State Bond Commission may, from time to time, authorize.

Sec. 138. (NEW) (*Effective from passage*) (a) At such time as economic

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recovery revenue bonds are issued to fund the economic recovery transfer, the Department of Public Utility Control shall ensure that the competitive transition assessment charged to customers of each electric company or electric distribution company is adjusted to reflect the lower charge to be paid by customers. No electric company or electric distribution company may bill any customer an amount for the competitive transition assessment that is in excess of the amount necessary to fund the economic recovery transfer.

(b) At such time as the competitive transition assessment charged to customers has allowed full or partial recovery by the financing entity of any economic recovery revenue bonds and full or partial recovery by the electric company or electric distribution company of stranded costs not funded with the proceeds of economic recovery revenue bonds, the department shall ensure that the competitive transition assessment charged to customers of each electric company or electric distribution company is adjusted to reflect, in the case of a partial recovery, the lower charge to be paid by customers, and, in the case of a full recovery, the absence of such assessment. No electric company or electric distribution company may bill any customer an amount for the competitive transition assessment that is in excess of the amount necessary to fund economic recovery revenue bonds or stranded costs.

Sec. 139. (*Effective from passage*) Notwithstanding section 511 of public act 09-3 of the June special session, after the accounts for the fiscal year ending June 30, 2010, are closed, if the Comptroller determines there exists an unappropriated surplus in the General Fund, the amount of any such surplus shall first be used to reduce the obligations to be incurred by subsection (a) of section 16-245e, section 16-245f, subsection (c) of section 16-245g, subsections (a) and (b) of section 16-245h, subsections (a) and (b) of section 16-245i, subsections (a), (c) and (e) of section 16-245j, subsection (l) of section 16a-245k and subsection (a) of section 16-245m of the general statutes, as amended

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by this act, and any amount remaining beyond that shall be used to reduce the obligations of the state under the financing plan authorized under section 88 of public act 09-3 of the June special session.

Sec. 140. Section 9 of public act 10-44 is amended to read as follows (*Effective July 1, 2010*):

The State Bond Commission shall have power, in accordance with the provisions of sections [1 to 8] 9 to 16, inclusive, of [this act] public act 10-44, from time to time to authorize the issuance of bonds of the state in one or more series and in principal amounts in the aggregate, not exceeding \$45,100,000.

Sec. 141. Subsection (a) of section 2 of public act 10-44 is amended to read as follows (*Effective July 1, 2010*):

(a) Grants-in-aid for economic development projects and programs in the city of Hartford, not exceeding \$5,700,000, including, but not limited to, grants (1) for the purchase of a building or necessary alterations and renovation for the John E. Rogers African American Cultural Center of Hartford; (2) to the Hartford Economic Development Corporation for a North Hartford community revolving loan fund; (3) [for planning and design of streetscape improvements in the North Hartford area and along the Main Street corridor; (4)] for facade improvements along Wethersfield Avenue; and [(5)] (4) for the Park Street streetscape project;

Sec. 142. Subdivision (3) of subsection (i) of section 13 of special act 05-1 of the June special session, as amended by section 177 of public act 07-7 of the June special session and section 144 of public act 10-44, is amended to read as follows (*Effective July 1, 2010*):

Grants-in-aid to private, nonprofit organizations, including the Boys and Girls Clubs of America, YMCAs, YWCAs and community centers, for construction and renovation of community youth centers for

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neighborhood recreation or education purposes, not exceeding \$3,700,000, provided (A) up to \$1,000,000 shall be made available to the Bridgeport Police Athletic League for the construction and renovation of a new gym and youth center, [and] (B) up to \$750,000 shall be made available to the city of Bridgeport for the Burroughs Community Center, and (C) up to \$1,000,000 shall be made available to the Boys and Girls Club of Hartford for new construction of a building to be named after Ella Cromwell.

Sec. 143. Section 12 of public act 07-7 of the June special session, as amended by section 233 of public act 10-44, is amended to read as follows (*Effective July 1, 2010*):

The State Bond Commission shall have power, in accordance with the provisions of sections 12 to 19, inclusive, of public act 07-7 of the June special session, from time to time to authorize the issuance of bonds of the state in one or more series and in principal amounts in the aggregate, not exceeding [\$194,603,868] \$195,103,868.

Sec. 144. Section 31 of public act 07-7 of the June special session, as amended by section 318 of public act 10-44, is amended to read as follows (*Effective July 1, 2010*):

The State Bond Commission shall have power, in accordance with the provisions of sections 31 to 38, inclusive, of public act 07-7 of the June special session, from time to time to authorize the issuance of bonds of the state in one or more series and in principal amounts in the aggregate, not exceeding [\$90,267,075] \$90,417,075.

Sec. 145. Section 4-73 of the general statutes is amended by adding subsection (g) as follows (*Effective July 1, 2010*):

(NEW) (g) The appropriations recommended for the judicial branch of the state government shall be the estimates of expenditure requirements transmitted to the Secretary of the Office of Policy and

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Management by the Chief Court Administrator pursuant to section 4-77 and the recommended adjustments and revisions of such estimates shall be the recommended adjustments and revisions, if any, transmitted by said administrator pursuant to section 4-77.

Sec. 146. (*Effective July 1, 2010*) The sum of \$13,954,489 appropriated in section 11 of public act 09-3 of the June special session, as amended by sections 3 and 20 of public act 09-7 of the September special session, section 58 of public act 09-6 of the September special session, section 9 of public act 09-1 of the December special session and section 1 of public act 10-3, to the Department of Administrative Services, for Other Expenses, shall be transferred to the State Insurance Risk Management Board Operations account in said department for the fiscal year ending June 30, 2011.

Sec. 147. (*Effective July 1, 2010*) The sum of \$2,717,500 appropriated in section 12 of public act 09-3 of the June special session to the Department of Administrative Services, for Other Expenses, shall be transferred to the State Insurance Risk Management Board Operations account in said department for the fiscal year ending June 30, 2011.

Sec. 148. (*Effective from passage*) Notwithstanding any provision of the general statutes, no funds shall be made available before July 1, 2011, for the purposes of the State Contracting Standards Board established under section 4e-2 of the general statutes.

Sec. 149. Subsection (m) of section 51-44a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(m) [In January of each year] On January 15, 2011, and annually thereafter, the chairperson of the commission shall report to the joint standing committee on judiciary the following information with respect to the prior calendar year: (1) The number of candidates

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interviewed for appointment as new nominees, the number of incumbent judges interviewed for reappointment to the same court and the number of incumbent judges interviewed for appointment to a different court, (2) the number of candidates who were recommended and denied recommendation to the Governor as new nominees, the number of incumbent judges recommended and denied recommendation for appointment to the same court and the number of incumbent judges recommended and denied recommendation for appointment to a different court, [and] (3) the statistics regarding the race, gender, national origin, religion and years of experience as members of the bar of all such candidates and incumbent judges interviewed, recommended and denied recommendation under subdivisions (1) and (2) of this subsection, and (4) as of January first in the year of such report, the number of candidates on the list compiled by the commission pursuant to subsection (f) of this section and the statistics regarding the race, gender, national origin, religion, years of experience as members of the bar and calendar year of recommendation of all such candidates.

Sec. 150. Section 495 of public act 09-3 of the June special session, as amended by section 57 of public act 09-8 of the September special session, is amended to read as follows (*Effective from passage*):

The appropriations in section [11 of public act 09-3 of the June special session] 1 of this act are supported by revenue estimates as follows:

ESTIMATED REVENUE - GENERAL FUND

<u>Taxes</u>	<u>2010-2011</u>	
Personal Income	[\$6,654,700,000]	<u>\$6,682,500,000</u>
Sales and Use	[3,095,400,000]	<u>3,164,900,000</u>
Corporations	[731,900,000]	<u>662,900,000</u>
Public Service Corporations	[278,300,000]	<u>271,400,000</u>
Inheritance and Estate	[102,000,000]	<u>99,000,000</u>

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Insurance Companies	[216,800,000]	<u>223,900,000</u>
Cigarettes	[403,100,000]	<u>386,500,000</u>
Real Estate Conveyance	[117,500,000]	<u>114,900,000</u>
Oil Companies	[75,500,000]	<u>107,700,000</u>
Alcoholic Beverages	[48,500,000]	<u>48,100,000</u>
Admissions, Dues and Cabaret	[37,600,000]	<u>36,500,000</u>
Miscellaneous	[144,700,000]	<u>144,900,000</u>
Total Taxes	[11,906,000,000]	<u>11,943,200,000</u>
Refunds of Taxes	[(983,300,000)]	<u>(1,009,300,000)</u>
R & D Credit Exchange	(10,500,000)	
Taxes Less Refunds	[10,912,200,000]	<u>10,923,400,000</u>
<u>Other Revenue</u>		
Transfer Special Revenue	295,100,000	
Indian Gaming Payments	[391,700,000]	<u>365,800,000</u>
Licenses, Permits and Fees	[265,600,000]	<u>235,400,000</u>
Sales of Commodities and Services	34,300,000	
Rentals, Fines and Escheats	[103,400,000]	<u>99,500,000</u>
Investment Income	[10,000,000]	<u>6,500,000</u>
Miscellaneous	[218,500,000]	<u>167,000,000</u>
Refunds of Payments	[(700,000)]	<u>(900,000)</u>
Total Other Revenue	[1,317,900,000]	<u>1,202,700,000</u>
<u>Other Sources</u>		
Federal Grants	[3,770,400,000]	<u>4,256,000,000</u>
Transfer to the Resources of the General Fund	[1,678,000,000]	<u>1,354,100,000</u>
Transfer from Tobacco Settlement Fund	[106,100,000]	<u>102,300,000</u>
Transfer to Other Funds	[(187,800,000)]	<u>(169,400,000)</u>
Total Other Sources	[5,366,700,000]	<u>5,543,000,000</u>
Total Revenue	[17,596,800,000]	<u>17,669,100,000</u>

Sec. 151. Section 496 of public act 09-3 of the June special session, as amended by section 58 of public act 09-8 of the September special session, is amended to read as follows (*Effective from passage*):

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The appropriations in section [12 of public act 09-3 of the June special session] 2 of this act are supported by revenue estimates as follows:

ESTIMATED REVENUE - SPECIAL TRANSPORTATION FUND

<u>Taxes</u>	<u>2010-2011</u>	
Motor Fuels Tax	\$489,700,000	
Petroleum Products Tax	165,300,000	
Sales Tax - DMV	[53,800,000]	<u>65,300,000</u>
Refunds of Taxes	(6,900,000)	
Taxes Less Refunds	[701,900,000]	<u>713,400,000</u>
 <u>Other Sources</u>		
Motor Vehicle Receipts	[228,200,000]	<u>225,200,000</u>
Licenses, Permits and Fees	[136,500,000]	<u>137,300,000</u>
Interest Income	[16,500,000]	<u>15,000,000</u>
<u>Federal Grants</u>		<u>5,800,000</u>
Transfer to Other Funds	[(9,500,000)]	<u>(6,500,000)</u>
Transfer from Other Funds	[126,000,000]	<u>107,600,000</u>
Transfer to TSB Account	(15,300,000)	
 Refunds of Payments	[(2,600,000)]	<u>(2,500,000)</u>
Total Other Sources	[479,800,000]	<u>466,600,000</u>
 Total Transportation Fund	[1,181,700,000]	<u>1,180,000,000</u>

Sec. 152. Section 500 of public act 09-3 of the June special session is amended to read as follows (*Effective from passage*):

The appropriations in section [16] 5 of this act are supported by revenue estimates as follows:

ESTIMATED REVENUE - BANKING FUND

	<u>2010-2011</u>	
Fees and Assessments	[\$20,600,000]	<u>\$28,900,000</u>
Total Revenue	[20,600,000]	<u>28,900,000</u>

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Sec. 153. Section 501 of public act 09-3 of the June special session is amended to read as follows (*Effective from passage*):

The appropriations in section [17] 6 of this act are supported by revenue estimates as follows:

ESTIMATED REVENUE - INSURANCE FUND

	<u>2010-2011</u>	
Assessments & Investment Income	[\$26,700,000]	<u>\$26,300,000</u>
Total Revenue	[26,700,000]	<u>26,300,000</u>

Sec. 154. Section 502 of public act 09-3 of the June special session is amended to read as follows (*Effective from passage*):

The appropriations in section [18] 7 of this act are supported by revenue estimates as follows:

ESTIMATED REVENUE - CONSUMER COUNSEL AND PUBLIC
UTILITY CONTROL FUND

	<u>2010-2011</u>	
Fees and Assessments	[\$25,200,000]	<u>\$24,500,000</u>
Total Revenue	[25,200,000]	<u>24,500,000</u>

Sec. 155. Section 503 of public act 09-3 of the June special session is amended to read as follows (*Effective from passage*):

The appropriations in section [19] 8 of this act are supported by revenue estimates as follows:

ESTIMATED REVENUE - WORKERS' COMPENSATION FUND

	<u>2010-2011</u>	
Fees, Assessments & Investment Income	[\$23,100,000]	<u>\$22,300,000</u>
Total Revenue	[23,100,000]	<u>22,300,000</u>

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Sec. 156. Section 288 of public act 10-44 is repealed. (*Effective from passage*)

Sec. 157. Section 329 of public act 10-44 is repealed. (*Effective from passage*)

Sec. 158. Section 18-81r of the general statutes is repealed. (*Effective from passage*)

Sec. 159. Section 57 of public act 09-2 of the September special session is repealed. (*Effective July 1, 2010*)

Sec. 160. Sections 17b-266a, 17b-294, 17b-296, 17b-298 and 17b-302 of the general statutes are repealed. (*Effective July 1, 2010*)

Sec. 161. Sections 17a-678, 19a-2b and 19a-637a of the general statutes are repealed. (*Effective October 1, 2010*)

Approved May 7, 2010